mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF	DEATH				(R3)		
	County	Anne Ar	unde.	1		Registration Dist. No. 2		
	Village or Cit	ty Anna	poli	s,		No. Seven Rues St., Ward		
	Length of resid	ence in city or tow	n where da	ath occurred	(If yrs, O mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?		
2	. FULL NAM							
		e: No. U.S.			RCEDES	St. Ward, WITHIN CORPORATE LIMITE OF		
				(Usual place	of abode)	If nonresident give city or town and State		
_		AL AND ST				MEDICAL CERTIFICATE OF DEATH		
7	Male	4. COLOR OR R. White			RIED, WIDOWED, (write the word) [2] 16	21. DATE OF DEATH May 12 , 193 4 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of						22. I HEREBY CERTIFY, That I attended decaesed from		
	(or) WIFE of							
6.	DATE OF BIRTH (n	month, day, and yea	ar) OC	t.18, 1	911	i last saw h; death is said		
7.	AGE Year	s M	onths	Days	if LESS than	to have occurred on the date stated above, atm.		
	22		6	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:		
OCCUPATION	kind of wo	sion, or particular ork done, as SPIN BOOKKEEPER, atc.	NER, M	ariner		Drowning (Fatal submersion)		
PAT	9. industry or b	usiness in which		O 37 - manu				
2	SAW MILL	done, as SILK Mil	<u> </u>	.S.Navy	me (years)			
ŏ	this occup	ation (month and	34	spar	nt in this pation			
						Other Coutributory Causes of importance:		
12.	BIRTHPLACE (city (State or count		ewI	01.K. 2.68	rre	-		
ER	13, NAME	Unknown						
FATHER	14. BIRTHPLACE	(city or town)	Unkn	own		Name of operation		
-	(State or o	country)				What test confirmad diagnosis? Was there an autopsy?		
HER	15. MAIDEN NAM	ME Unkn	lown			23. If death was due to extarnal causes (VIOLENCE) fill in also the following:		
MOTHER		(city or town)	Unkn	own		Accident, suicide, or homicide? Lessal Date of injury		
-	(Stata or	***	-			Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT U.S.S.Reina Mercedes, (Address) Annapolis, Md.						Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATI	ON, OR REMOVAL	red House	CData Ma	415-34	Manner of injury		
-	Flaud Z. ST. T.T.	0 -	2/	1 6		Nature of injury.		
19.	. UNDERTAKER	3 d	1	me	0	24. Was disease or injury In any way related to occupation of deceased?		
	mo.	110	7	0 000	No.	(Signed) Church angle M. D.		
20.	FILED.	1.7., 19. 3.5		7 1.164	Registrar.	(Address) Wo, March as a slemy amelile		
	0		If more bi	lanks are needed. a	ddress State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I "	[]	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPERILV.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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-	County	Anne	Arund	lel		Registration Dist. No.	77	
	Village or C	ityC	rownsv	ille St	ate Hospi	ta No. St., death occurred in a hospital or institution, give its NAME instead of street and number	War	
Length of residence in city or town where death occurred 11 yrs. 1 mos.						death occurred in a norpital of institution, give its NAME, instead of street and number25_ds. How iong in U.S. if of foreign birth?yrsmos	r) d:	
2	. FULL NA	ME	Emm	a Adams				
	(a) Residen	ce: No.	Dor	chester	County,	MaStyland Ward.		
(Usuaiplace of abode) PERSONAL AND STATISTICAL PARTICULARS						If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
	1. SEX 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Lay 39th (Month) (Day) (Year)				
5a.	if married, widow HUSBAND-of (or) WIFE of - W1 10 0		ed Omas A	dams		22. I HEREBY CERTIFY, That I attended decease April 5th ,19 23, to May 30th ,1	ed fro	
6. 1	ATE OF BIRTH	month, day,	and year) 1	887		liast saw h. C.C. alive on May 30th , 1934; deat	h Is sai	
7. /	AGE Yea		Months Unk	Days nown	if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	of onse	
OCCUPATION	9. Industry or work was SAW MIL 10. Date decease this occur	done, as SII L, BANK, etc	vhich LK MILL, ed at	Unkno	WN itime (years) nt in this upation	Pulmonary tuberculosis ida		
_	BIRTHPLACE (cit (State or cour	itry)		yland		Other Contributory Canses of importance: Fatty degeneration of heart?		
LAIHER	13. NAME	Unkn	own					
- 1	14. BIRTHPLACE (State or		n)Unk	nown		Name of operation Date of Was there an autopsy	7 ¥6	
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)						23. If death was due to external causes (VIOL ENCE) fill in also the following:		
						Accident, suicide, or homicide?	9	
	(Address) BURIAL, CREMAT	HOSD.	ownsy	ille, M	ryland			
	Place 701	viso of	lle hu	Date 5/3	1. 1934	Manner of injury — — — — — — — — — — — — — — — — — — —		
	X	N.P	Wulle	vite De	-ph	24. Was disease or injury in any way related to occupation of deceased?		
19.	(Address)	Wil	erbre	575	1	If so, specify A A A A	/	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	district the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	*		
Other contributory causes of importance:	m = 10	Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

A. te	STATE OF MARYLAND—	CERTIFICATE OF DE
infor- state UPA-	1. PLACE OF DEATH	93-2
of DO	County a a	Registration
E 00	Village or City annapoles	No. 220 week
.= .o /	(If Length of residence In city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NA ds. How long in U.S. if of foreign birth?
Every SIANS ement	no o	
<u> </u>	2. FULL NAME Asland Mr. U.	nderson PITHIN
RD.	(a) Residence: No.220 (Usual place of abode)	St., Ward.
RECORD. Every PHYSICIAN Exact statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
T RE	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month)
X A C T I classified.	5a. If married, widowed, or divorced, HUSBAND of Thornal W and west	1 HEREBY CERTI
ன்ன ச	6. DATE OF BIRTH (month, day, end yeer) may 28-1882	Clast saw h. ent. elive on may
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
IS A I stated properl certifica	5-1 11 29 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cowere as follows:
HIS I be s be p	8. Trade, profession, or particular kind of work done, as SPINNER, Hause wife	
THI PI P	9. Industry or business In which	My contract
ou	work was done, as SILK MILL, SAW MILL, BANK, etc.	South time
G to	SAW MILL, BANK, etc	
	12. BIRTHPLACE (city or town) annapolis m	Other Contributory Causes of importance:
ADII ed s, so	(State or country)	Nigher athrews
Supplied n terms, ee instru	13. NAME George w Clark	
5 4 5 0	13. NAME George W Colarity 14. BIRTHPLACE (city or town)	Name of operation
•== 7.0	(State of Country)	What test confirmed diagnosis?
WITH efully in pla ant.	15. MAIDEN NAME many arch Typings	23. If death was due to external causes (VIOLENCE
CY, W carefu TH in	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
N S P E	17. INFORMANT Search Strategy Constitution (Address) 970 June 1 Strategy Constitution of the Constitution	Where did Injury occur? (Specify city Specify whether injury occurred in INDUSTRY, In
TE sh	18. BURIAL, CREMATION, OR REMOVAL Place Cacher Bluff Date May 29, 1934	Manner of injury
WRITE mation sl CAUSE TION is	19. UNDERTAKER KI L It offering (Address) and oboles and	24. Was disease or infary in any way related to oc
		II

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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1		yrs	
rderan	WITHIN	CORPORATE L	MITS OF
St.,Ward.	If nonresid	ent give city of town	and State
MEDICAL C		TE OF DEATH	
21. DATE OF DEATH		20	4/
Ina	(Month)	2	193
		(Oay)	(1621
1 HEREB	YCERTI	FY. That I attend	
		may 2	/
last saw h.e.d. elive on	may	19.	LC; death is
to have occurred on the date stat	ed above, at	30 h.m.	
The PRINCIPAL CAUSE OF DEA were as follows:	TH and related c	auses of importence	
were as ronows.			Date of o
m 1 -	12.	maradi	
myourer		ingien v	193
Draffere	7		
	0		

Other Contributory Causes of imp	ortance:		
acuto de	flux	7	
New her let	him	74.4	Jus
		T	
	A Second		
Name of operation		Oate o	
What test confirmed diagnosis?		Was there	an autopsy?
23. If death was due to external ca			
Accident, suicide, or homicide?		Date of Injury	. 19
Where did Injury occur?			
	(Specify city	or lown, county and	State)
Specify whether injury occurred	in INDUSTRY, In	HOME, or in PUBLIC	PLACE.
.,,			
Manner of injury			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were a follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

. S. No. 1

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. Mo. 1	MARGIN RESERVED FOR BINDING	ERVED	FOR BI	NDING
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	WITH UNFADING IN	K-THIS	S IS A PEI	RMANENT RECO
mation should be caref	fully supplied. AGE s.	hould be	stated E	XACTLY. PH
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	n plain terms, so that it	may be	properly	classified. Exact
TION is very important. See instructions on back of certificate.	nt. See instructions on	back of	certificate.	

STATE OF MARY	LAND-	CERTIFICATE C	OF DEATH	04592
1. PLACE OF DEATH	-	(71-a)	4	01000
County lime lymd	el		Registration Dist. No.	-6
Village or City Shally side		ND.	S	t, Ward
Length of residence in city or town where death occurred	(If	death occurred in a hospital or institution	on, give its NAME instead of stree foreign birth?	
W O T		. altalo		
2. FULL NAME LANAH TO	ances	St., Ward.		
(a) Residence: ND. (Usual place of	abode)	St., Walu.	If nonresident give city or tow	vn and State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CE	RTIFICATE OF DEAT	тн
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRING OR DIVORCED (The state of	ED, WIDOWED, write tha word)	May .	(Month) (Day)	, 193 (Year)
(or) WIFE of Thos Alwell)	001 61	933 to May	ended deceased from
6. DATE OF BIRTH (month, day, and year) May	1839	I last saw h	may 20 / 19	3 4: death Is said
7. AGE Years Months Days	If LESS Ahan 1 day,	to have occurred on the data stated a		
	ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	<i>p</i>			
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and		Permicions 1	Inemial	
1D. Data deceased last worked at this occupation (month and yaar)	in this > A	Other Coatributory Causes of Import.		
12. BIRTHPLACE (city or town) Hime umadel (State or country)	Co	Direct Contributory Causes of Import		
7 0 7			· · · · · · · · · · · · · · · · · · ·	
E		Name of operation	Dat	to of
14. BIRTHPLACE (city or town) (State or country)		What test confirmed diagnosis?		
15. MAIDEN NAME Slisabeth Sm	th_	23. If death was dua to axternal cause		
15. MAIDEN NAME Signorth Sm. 16. BIRTHPLACE (city or town) Arme Assent	ndel	Accident, sulcida, or homicide?	1 to 1	
17. INFORMANT John R' Alivelle (Address)	·/	Specify whether injury occurred in I	(Specify city or town, county a INDUSTRY, in HDME, or in PUBL	nd State) LIC PLACE.
18. BURIAL, CREMATION, DR REMOYAL	22,1934	Manner of injury		
19. UNDERTAKER JA Hardesly 19. (Addrass) Golesnolle 19	70	24. Was disease or injury in any way	y ralated to occupation of decease	ad? Oto
20. FILED May 21, 1934 Ges TD	Registrar.	(Signed) Season (Address) Sha	works (md M.D.
If more blanks are needed ada	tress State Registrate	2411 N Charles Street Rallimore Reas	uesting 7) S No -	

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Example I	the displayment of the control of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Be i kes i a			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MAR	RYLAND—CERTIFICA	TE OF DEATH
EATH	(9	11-20
me anna	del.	Registration Dist. No.

14593

1. PLACE OF DEATH		(91-0)	
County Come C	undel	Registration Dist. No.	23rd
Village or City Length of residence in city or town where de:	Bresser E (H	No. Crass Squery & 4th St. f death occurred in a horpital or institution, give its NAME instead of street ds. How long in U.S. if of foreign parth? yrs.	ward number)
2. FULL NAME Bla	uch Bailes		mos
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
Jemale white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of Cory WIFE of Lawry 26. DATE OF BIRTH (month, day, old year) September 27. AGE Years Months 33	Bailey pt 22/1900 Days If LESS than 1 day, hrs. Or, min.	1 HEREBY CERTIFY, That I attended to the state of the sta	nded deceased from
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nisewefe	Claute Enducantitio	Date of onset
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Solto (State or country)	mo.		
13. NAME Edw. ev.	Levene	Cerebral Embolision	/ day
14. BIRTHPLACE (city or town) (State or country)	alto. Co. md	Name of operation	
15. MAIDEN NAME Netter E. 16. BIRTHPLACE (city or town). Bal (State or country)	Franklen to md.	23. If death was due to external causes (VIOLENCE) fill in also the follo Accident, suicide, or homicide? Date of injury Where did injury occur?	wing: , 19
17. INFORMANT AND HARRY (Address) Glen Guille (Address) 18. BURIAL, CREMATION OR REMOVAL	1 Bailey	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
Place Saltemore Cem	Date May 30 , 1934	Nature of Injury	<i>M</i> .
19. UNDERTAKER (Address) North &	enna ares	24. Was disease or injury in any way related to occupation of deceased? If so, specify	700
00 FUED \$/// A 1017 7 1/1/	DATUMA RALATY () I'M	(Signed) Land College	M D

V. S. No. 1 m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

alated assess
related causes Date of onset
1 week ago
1 week ago
3 days ago
tance:
1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	04594
County Chine Counded.	Registration Dist. No.
Village or City OH Bandida in	11 L. 13
	St., Ward (If death occurred in a hospital or institution, give as NAME instead of street and number) nosds. How long in U.S. if of loreign birth?yrsmosds.
2. FULL NAME Pallah Hines O	30
10600 1.0	oungs.
(a) Residence: Np. 1628 Columbia (Usual place of abode) Wa	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	May 19 1934
	(Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of 1. A. Dangs	
6. DATE OF BIRTH (month, day, and year) Marel 28-1903	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3/ 1 21 1 day,h	THE FRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Plan Columbia SAWYER, BOUKKEPER, etc.	Frechened Louis hus halling 5/19/50
	Visite - John January 11/24
S Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	home au plane 14 to
this occupation (month and spent in this	Charaba Cha Ban
year) occupation	Other Cantribatory Carees of importance:
12. BIRTHPLACE (city or town) Nashen Cu D. C	other Candidatary Causes of Importance.
(State or country)	
13. NAME John Haward Bany	4
13. NAME John Haward Bangs 14. BIRTHPLACE (city or town) Balto Wd.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Farmie & Hines	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Was Assetting SC	Accident, suicide, or homicide Accident. Date of injury hay 19, 19 37
[State or country]	Where did injury occur? Alsabeane Bay
911. B H Bucco	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, of in PUBLIC PRACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place Washington N. Date May 23, 193	Nature of injury
2019 - Dal 11- 1	
19. UNDERTAKER MANUEL AND CONTROL (Address)	24. Was disease or Injury In any way related to occupation of deceased?
(nuuress)	II so, specify
20. FILED 22 , 1934 MANDE	(Signed) M. D.
) Registrar.	(Address) American W Le Nonco
1) more vianas are needed, address State Registr.	17, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 .Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
MUDITATOMAKA	DI ACE FOR	T O ICLITIZATE	STATISHISH TS	DY	LILIBIOIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis & *	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

A-	STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
state JPA-	1. PLACE OF DEATH	73.4	796	

1	1. PLACE OF DEATH			72.£ 796		04596		
	County Anne Arundel			Re	gistration Dist. No.	21		
			Annapoli	6		No. 67 East death occurred in a hospital or institution, given the second of the secon	ve its NAME instead of street	
	2. FULL NA	ME	WILLIA	A. BL.	The same		IN COPPORATE LIMIS	
1	(a) Residen			(Usual plece	of abode)	St., Ward.	nonresident give city or town	
	PERSON	IAL AN	ID STATIST	CAL PARTI	CULARS	MEDICAL CERTI	FICATE OF DEAT	н
	sex male		or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	y 2 3	, 193 4 (Year)
_	. If married, widow HUSBAND of (or) WIFE of		_	- 4 7 (\/\ \/ \	22. HEREBY CE	RTIFY, That I atter	29,19,34
	AGE Yea		Months	Days 25	If LESS than 1 day,hrs.	to have occurred on the date stated above The PRINCIPAL CAUSE OF DEATH and were as follows:	e, at 7. 9. m.	35; death is said
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.					Meningetis -	- non epides pinal	Date of onset
၁၁၀	1D. Date deceas		rked at onth and	spe	ime (years) nt in this upation			
12.	. BIRTHPLACE (ci		<u>unr</u>	napolis. Marylar	ıd.	Dther Contributory Castes of importance	trilia	5/20/5
HER	13. NAME	Dani	el 0. Bl	ades				
FATHER	14. BIRTHPLACE (State or	(city or t		arvland		Name of operation		of an autopsy? 4.0
MOTHER	16. BIRTHPLACE	(city or t	toinette	napolis,	. Md.	23. If death was due to external causes (VI Accident, suicide, or homicide?		•
-			Daniel napolis			Where did injury occur? (Sp Specify whether injury occurred in INDU	ecify city or town, county end STRY, in HOME, or in PUBLIC	State) C PLACE.
18.	BURIAL, CREMAT	ION, OR	REMOVAL		31 ,19 34	Manner of injury		
_	UNDERTAKER (Address)	John Inna 9		Or. Mys	ph. Registrat.	24. Was disease or injury in any way related if so, specify	led to occupation of deceased the Marke	no M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
·				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Other contributory causes of importance:		Peritonitis Other contributory causes of importance:	3 days	

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	Y	PHYSICIAN
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B.-WRITE

V. S. No. 1

WALLEY RESERVED FOR BINDING	<i>**</i>
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	S should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	of OCCUPA.
TION is very important. See instructions on back of certificate.	

1. PLACE O		OF MAR	YLAND-		4597
	Anne Arund	le l		93-C Registration Dist. No. 2	7
Village or C	lity			No. Defense Highway St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward
				sds. How long in U.S. if of foreign birth?yrs	mosds
	ME JOHN AL				
	ce: No. Defense	(Usual place	of abode)	O St., Ward. If nonresident give city or town an	d State
	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. color or RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Nay (Month) (Dey)	, 193 4 (Yeer)
5a. If married, widow HUSBAND of (or)—WHFE-of-	ed, or divorced Irene Car	r		22. m. I HEREBY CERTIFY. That I attended	
e DATE OF DIRTH		0 m	2058	lest sew in alive on man !! 10 3.	193 (
7. AGE Yee		Deys	1857 If LESS then 1 dey,hrs.	to heve occurred on the dete stated above, at 12/3 m.	A deeth Is said
8 Trade profes	6 1 11	1 15	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:	Date of onset
SAWYER,	ork done, es SPINNER, BOOKKEEPER, etcbusiness in which done, es SILK MILL, L, BANK, etc	Farmer		Mysarteti V Mysartesl	Enly
Tinia occup		11. Total ti spe occu	ime (yeers) nt in this spetion	Chronic (sub-scutte) myocarditis.	2-
12. BIRTHPLACE (city (State or coun	y or town) 4. 4. 4. ettry) Larv	County		Other Coatributory Causes of importance: Antious Europe	4.25
13. NAME J	ames Carr			To figure 1	
13. NAME T 14. BIRTHPLACE (State or	(city or town). A			Name of operation Date of What test confirmed diagnosis? Was there an	outo 541
15. MAIDEN NAM	ME Mariah Ar	miger		23. If death was due to external causes (VIDL ENCE) fill in also the followin	
15. MAIDEN NAM	(city or town) A A Country)	. Co.		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT _ A. (Address)		Carr		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ite) .ACE,
18. BURIAL, CREMATI	DN, DR REMDVAL ards Chanel	Dete May	13, ,19 34	Menner of injury	
19. UNDERTAKER John M. Taylor, (Address) Annapolis, Md.				24. Was disease or injury in any wey related to occupation of deceased?	les
20. FILED 3	3,1931	Men	Registrar.	(Signed) Leage Charles (Address) Lunghel Day	7 M. D.
	If more	blanks are needed, a		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example 1	a allowed	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
		G3AI3O3W	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1		

V. S. No. 1

CII death occurred in a hospital or institution, give its NAME intered at latest and number? As the More In U.S. if of forsign birth? WITHIR COAPOBATE LIMITE (a) Residence: No. (b) Ward. WITHIR COAPOBATE LIMITE (b) Residence: No. (Clust play in a dead) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIOOWED 55.4 In married, widowed, of diverced Will SANN or Coapobate and Coap	1. PLACE OF DEATH	-CERTIFICATE OF DEATH 04598
Village or City Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: (a) . Second of the sec	County lu. le. lo.	Registration Dist. No. 2/
(a) Residence: (b) 5 (Usus play of a bode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, Wildows D. OR DYGRCES (wire the word) 5. ATE OF BIRTH 'month, day, and year) 7. AGE Years Months Days If LESS than 1 day,		NoNoSt.,Ward (Il death occurred in a horpital or institution, give its NAME instead of street and number)
(2) Residence: No. (Usualphipe of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVINEED (Corne the word)	Length of residence in city or town where death occurred	os. How long in U. S. if of foreign birth?yrsmosds.
(a) Residence: (b) (Ususiphap of abode) PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE S. SINGLE, MARKIED, WIGOVED, OR DYDRCED Comic the word (Worth) Sa. Aff married, widowed, or divorced HUSAND or Control of the Word (Worth) Sa. Aff married, widowed, or divorced HUSAND or Control of the Word (Worth) Sa. Aff married, widowed, or divorced HUSAND or Control of the Word (Worth) Sa. Aff married, widowed, or divorced HUSAND or Control of the Word (Worth) Sa. Aff married, widowed, or divorced HUSAND or Control of the Word of Control of the Word of Control of C	2. FULL NAME fame stole	ent in WITHIN CORPORTE
3. SEX 4. COLOR OR RACE S. SINCER, MARRIED, WIGOWED, OR DUPRICED (unive the word) 5a. Aff married, widowed, of divorced (co) Wife of ((Usual plage of abode)	st., Ward.
OR DIVORCES (while the word) So.A.I. married, widowed, of divorced (Wonth) (Day) (Year) 10 June 19 J		
HUSBAND of (or) WIFE of (or) WI	Male Cof. OR DIVORCED (write the word)	1/6y 3 1934
6. DATE OF BIRTH 'month, day, and year) 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular 8. Trade, profession, or particular 8. Standard, or min. 8. Trade, profession, or particular 8. Standard, or min. 8. Trade, profession, or particular 8. Standard, or min. 9. Salver, BOOKKEPER; et et. 9. Jundustry or business in which 10. Oate docased last worked at 11. Total time (years) 10. Oate docased last worked at 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURTHPLACE (city or town) (State or country) 19. Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nat	HUSBANO of	
To have occurred on the date stated above, at 2 3 2 m. 1 day	6. DATE OF BIRTH (month, day, and year) \(\sqrt{\alpha} \). \(\lambda - 1931	
8. Trade profession, or particular sind of the control of the cont	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.30 P.m.
Strade, profession, or particular Strade, or south Strade		ware se follows
Jo. date decased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. Where did injury Nature of injury (Signed) Nature of injury (Signed)	8 Trade profession or particular	Mastoiditis acute 4-25-34
Other Contributory Causes of importance: Other Contributory Causes of i	9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 10. FILED 10. State or country) 10. FILED 10. State or country) 11. Was there an autopsy? Accident, suicide, or homicide? 12. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Where did injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 19. Where did injury in any way related to occupation of deceased? 19. Specify (Signed) 19. Was disease or injury in any way related to occupation of deceased? 19. Specify (Signed) 19. Was disease or injury in any way related to occupation of deceased? 19. Specify (Signed) 19. Was disease or injury in any way related to occupation of deceased? 19. Specify (Signed) 19. Was disease or injury in any way related to occupation of deceased? 19. Specify (Signed) 19. Was disease or injury in any way related to occupation of deceased? 19. Specify (Signed)	- in soccapation (month and spant in this	
What test confirmed diagnosis? Was there an au'opsy? A state or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. Date Date 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)		
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15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) (Signed) (Signed) M. D. UNDERTAKER (Signed)	(State or country)	
Where did injury occur? (Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury (Address) 19 34 Was disease or injury in any way related to occupation of deceased? (Address) (Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury (Address) (Address) (Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury (Signed) (Signed) (Signed) (Signed) M. D	15. MAIDEN NAME Nancie Human	
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Place Buy Date 5 19 34 Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 16 so, specify (Signed) (Signed) M. D.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER A CONTROL OF 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 15 so, specify (Signed) (Signed) M. D	13.00 1-0	7 6
20. FILED S 134 AMASSON (Signed) / Coton S. S. Welch M. D		1 24. Was disease or injury in any way related to occupation of deceased? No
Registrar. (Address) Als State Grack Umahali	20. FILED 5 8 , 1934 AMERICA	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	4 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HURALI V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	'RECORD. Every item of infor- Y. PHYSICIANS should state Exact statement of OCCUPA-		1. PLACI
1	of CC		County
	shot f 0		Village
	KS KS		Length o
	IAP mer		2. FULL
	RD. I		(a) Re
	COO PH let	1	PERS
	RE Exa		SEX
k	L'Y	Te	emale
ANGLIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	5a	If marriad, HUSBAND (or) WIFE
DIT	EX EX	6.	DATE OF BI
2	ed ed berl fica	7.	AGE
2	IS stat prop	_	1
7	IIS be be of c	NO	8. Trade, kin
리 >	Id Id ay	PAT	9. Industr
4	K-hou	D C	SA
2	IN E s at id	0	10. Data d this yea
4	NG AG tha		
XIII	ADI.	12	BIRTHPLAC (State o
4	NF oplie erm inst	1ER	13. NAME
	RITE PLAINLY, WITH UNFADING INK—THIS IS A PER tion should be carefully supplied. AGE should be stated E ESE OF DEATH in plain terms, so that it may be properly is very important. See instructions on back of certificate.	FATHER	14. BIRTHE
	fully r pla	MOTHER	15. MAIDE
	rtar	ОТН	15. MAIDE
	NE C AT	×	(St
	Id be DE	17	INFORMANT
	PI hou OF	18	P (Addres
	TE S.	a	Place
•	WRI	19	. UNDERTAKI
	Z T	20	FILED 5

		OF MAR	YLAND-	CERTIFICATE OF DEATH	04599
1. PLACE OF DEA		2-7		(12-0)	6,
	ine Arun		a ha Italani	Registration Dist. No.	
Village or City	Lownsol	TIG, DE	ste Hospi	f death occurred in a hospital or institution, give its NAME instead of stre	St.,Ward
Length of residence in c	ity or town where	death occurred_1	8 yrs 11 mos	s20_ds. How long in U.S. if of foreign birth?yrs	et and number)
2. FULL NAME ME					
(a) Residence: No.		omonie C	ounts Mi	C. Wand	
(a) Residence, No.		(Usual place	of abode)	St., Ward. If nonresident give city or too	wn and State
PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEA	
remale bl	or or race .8 ck	5. SINGLE, MAP OR DIVORCE W1 do	RIED, WIDOWED, D (write the word) Wed	21. DATE OF DEATH May 4th (Month) (Day)	, 1934
5a. If marriad, widowed, or div HUSBAND of (or) WIFE of	orcad				1 33 '
(or) WIFE of		-1011		22. I HEREBY CERTIFY, That I st May 14th 1915 to May 4th	
6. DATE OF BIRTH (month, da	v and vaar)	18	66		9.34; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 11: 25Pn. M.	
68	Un	known	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	e
8. Trade, profession, or p	articular		1 01	were es follows: Cere bral hemorrhage	Pate of one of hrs
kind of work dona SAWYER, BOOKKE		Domes	tic		
kind of work dona SAWYER, BOOKKE 9. Industry or business i work was dona, as SAW MILL, BANK, 10. Data deceased last wo this occupation (mg	SILK MILL.		_		
SAW MILL, BANK,	etc	1 11 7-4-17			
this occupation (mo	onth and	spe	ime (years) nt in this upation	*	
	3.5		epation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)	wary	Land		General arteriosclerosis	10 yr
	ism Bon	d			
Ĭ.	Mo	ryland			
14. BIRTHPLACE (city or t (State or country)	own)			Nama of operation Dat	
15. MAIDEN NAME	Maria	Jane Jo	hneon	What test confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or t			71115.011	Accident, suicide, or homicide? Data of Injury	
(State or country)	WII)220	200000		Where did injury occur?	
17. INFORMANT HOST	ital Re	cords		(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or In PUBL	nd State)
(Address)	Orown		Maryland		,
18, BURIAL, CREMATION, OR	REMOVAL PL	hie zul	10/21/	Manner of injury	,
Place		Date	7-7-79	Nature of injury	
19. UNDERTAKER	910	etu)	2 Wronders	24. Was disease or injury in any way related to occupation of decease	ogh
(Address)	ain 2	nd.		If so specify	
20. FILED 5 9 - 34.	19 2 et	Jones	Registrar.	(Address) Crownsville Man	100 M.D.
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Land

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
- 5- 1,		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(45) W
County a a	Registration Dist. No. 2/
Village of City assapole mel	No le hesape ape Bay St. Ward
	If death occurred in a hospita or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	os. ds. How long in U.S. if of foreign birth? yrs. mos, ds.
2. FULL NAME Engene Jean fores	ih loourlold
(a) Residence: No. French Crusher	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	May 20 1934
ia. If married, widowed, or divorced	(MegAth) (Oay) (Year)
HUSBAND of (or) WIFE of Marie Courlois	22.' I HEREBY CERTIFY, That I attended deceased from , 19
6. DATE OF BIRTH (month, day, and year) Jun 2 - 1908	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 63. Arm.
26 4 18 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Just cids - (Pay havying)
9. Industry or business in which work was done, as SILK MILL.	
9. Industry or business in which work was done, as SILK MILL, Trench Warry 10. Oate deceased last worked at 4 1 11. Total time (years)	
10. Oate deceased last worked at this occupation (month and year)	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	- wou
13. NAME Please Fugan Courtois	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jeanne Le Gourline	
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Lead & Date of injury 20 May, 19 2
(State or country) Thuse	Where dld injury of the Mount Treach Cruses (Specify city or to the Shorth and Bate & Orice
17. INFORMANT leaps, De Treguta aubert	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) French Crisiser 18. BURIAL, CREMATION, OR REMOVAL	- Company of the comp
Place Maral Cemelra Date Mary 21, 1935	
Jacobs 200 19.1.	Nature of injury
19. UNOERTAKER D. J T. C.	24. Was disease or injury in any way, related to occupation of deceased?
(Address)	If so, specify Della Company C
20. FILED 5- 2/ 1934 / Allen & Lei	(Signed)
Registrar.	U. Macher Harfield, accompany, mil
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1
•	RECORD. Ever	PHYSICIAN	Exact statemen	
BINDING	ERMANENT	EXACTLY	y classified.	te.
MARGIN RESERVED FOR BINDING	THIS IS A P	ild be stated	ay be properl	TION is very important. See instructions on back of certificate.
IN RESER	ADING INK-	d. AGE shou	s, so that it m	ructions on ba
MARC	WIT	efully supplie	in plain terms	ant. See insti
•	E PLAINLY,	should be car	OF DEATH	s very import
.1	-WRIT	mation	CAUSE	TION i

		INIL) MAIN	ILAND	CERTIFICATE OF DEATH	04601
1. PLACE O					(210-m)	03007
County	Anne	Arunde	1		Registration Dist. No.	1
Village or (City_na	ar Anna	nolis o	n Defense	Hio hway St.	Ward
Length of res	tidence in ci	ty or town where	death accurred		f death occurred in a hospital or institution, give its NAME instead of street ans. ds. How long in U.S. if of foreign birth?yrs	
					syrsyrsyrs.	.mos as.
2. FULL NA			CHISWEL			
(a) Resider	nce: No	3726 CO	(Usual place	ut Ave.,	St., Ward. Washington, D. O	
PERSON	VAL AN	D STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLO	R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
male		white	or Divorce	D (write tha word)	May 30 (Month) (Day)	, 193
5a. tf marriad, widow HUSBAND of	wad, or divo	rced ary I	- 1	0.00	(Month) (Day)	(Yaar)
(or) WIFE of		Marry I	. Durce		22. I HEREBY CERTIFY, That I attended	ad deceased from
					, 19, to	
6. DATE OF BIRTH		1	uly 31,	1885	I last saw h alive on, 19	; death is said
7. AGE Ya	ars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
7	3	9	129	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca ware as follows:	Date of onset_
8. Trade, profassion, or particular kind of work dona, as SPINNER, Insurance Agent		Fractured skull - struck	5/30/3			
SAWYER 9 tndustry or		1 211, 010			by automobile on Defense	
work wa	is dona, as S LL, BANK, e	SILK MILL,	DIEC. D	uperinten		
10. Date daceasad last worked at 11. Total time (years)		- Md				
year)	pation (mo	nth and	spa occi	nt in this upation	,	
12. BIRTHPLACE (c	ity or town)				Other Contributory Causes of importance:	
(State or cou		West V	irginia		***************************************	
13. NAME	Geor	ge Duke	,			
14 RIPTHPLACE	E (city or to		unknown		Name of operation Data of	
	r country)	wii)	. Marray Y. I Line		What tast confirmed diagnosis? Was there a	
15. MAIDEN NA	AME F	rances	E. Chis	well	23. If death was due to external causes (VIOLENCE) fill in also the follow	
					Accident, suicida, or homicide? Ccident Data of injury 5/	
2 16. BIRTHPLACE (city or town)			aryland	•	Where did injury occur? Defense High way	, 17
17. INFORMANT Mrs. Mary Duke			ke		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tate)
		n ton.		******	- speed, and any observed in industri, in nome, of introduction	LNUL,
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury				
Placa V.Q.S	hin	ton, D.	C Date 3	36 ,1934	Natura of injury	
19. UNDERTAKER	. н.	Hines&	Company	V	24. Was disease or injury In any way related to occupation of daceasad?	
(Address)	ashi	acton	D. C.	4	If so, spacify	
20. FILED 5 3			1 AM1	28	(Signed) John Al Hoppin As	elym D
20. FILEU	<i>I</i> , 1	1	Arm	Registrar.	(Addrass) Am folis le Le	2 mir
		If more	blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5 ,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	AL SPACE FOR FURTHER STATEME	ENTS BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 04602
County . A	Periodustica Diet. No.
Village or City Int. From	No. Registration Dist. No.
Langth of residence in city or town where death occurred yrs most	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrsmos,ds.
(a) Residence: No. Dsual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tall married, widowed, or divorced)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Cor) WIFE of the harles H. Gaslar 6. DATE OF BIRTH (month, day, and year) Aug. 21 1897	22. HEREBY CERTIFY. That I attended deceased from 2 1, 19.34, to may 30, 19.34. I last saw h. W. aliva on May 30, 19.34; death is said
7. AGE Years Months Oays If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	"Alireh."
10. Oate deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation coupation 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME John . Wn. Brice	
13. NAME Since Sin	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lucile Street 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT & harles A. Chrice (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace	Mannar of injury
19. UNDERTAKER A CANADA	24. Was disease or injury in any way related to occupation of deceased? 20 If so, specify (Signed) Amby Ambon M. O.
20. FILED AG Registrar. If more blanks are needed, address State Registrar.	(Address) Latturan, and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County and arrend	Cel County Registration Dist. No. 20
Village Dr City	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. if of foreign birth?
2. FULL NAME (Gy) Gar	Los used Ward.
(a) Residence: ND. (Usual place of abode	
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write	the word) · May 30 102 4
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Way 30, 93 7. AGE Yeers Months Days If I day or wide of the control	22. I HEREBY CERTIFY. That I attended deceased from 19.34, to way 30, 19.34. I last saw h
13. NAME Charles Easton 14. BIRTHPLACE (city or town) Lottlean , h (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME hatha Bryce 16. BIRTHPLACE (city or town) Lollies, h (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OF REMOVAL PIece M. Date 52	Manner of injury Nature of Injury
	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Attendary (Address) Attendary (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SORTA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04604
1. PLACE OF DEATH	2 (3)
County lemna terundel la	Registration Dist. No.
Village or City Theen Haven	No. St., Ward
, p	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many JEhnels	
(a) Residence: No. fits thank	st. Ca Gward. Mi
(Usual place of abode)	If nothesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR ACE 5 SINCH, MARRIED, WIDOWED, OR ORCED (write the world)	21. DATE OF DEATH
J married	(Month) (Day) (Year)
5a. If married, widowid, of divorted	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of John Tehnle	4/1/34 ,19 , to 5/24/34 ,19
6. DATE OF BIRTH (month, day, and yeer) July 7-1856	I last saw h Q alive on 5/12/24, 19 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
77 10 17 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, plotession, or perticular	were as follows: Data of onset
kind of work done, as SPINAER, SAWYER, BOOKKEEPER, SAWYER, SAW	alim Sclawer.
9. Industry or business in which	Chronis myocardetis. 1.
work was done, as SILK MILL, SAW MILL, BANK, etc.	Chemic Endo cardet Vide
	Chinic Sulinfilial naplut
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or towg) / Malh hid	
(State or country)	Cerebral Embolisme / das
13. NAME ? I Telements	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State or country) Ferriagraf	What test confirmed diagnosis? Wes there an au opsyllab
15. MAIDEN NAME Olivia Pradice	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
State or punity Agricult	Where did injury occur?
17. INFORMANT John Fehnle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Po Possadelaa que.	
18. BURIAL DEMATUN, OR REMOVAL	Manner of injury
Place M. Darmel pate 1924 2 , 1924	Nature of injury
19. UNDERTAKER HOW SOUTH IS	24. Was disease or injury in any way related to occupation of deceased?
(Address) 12/7 Strawl of	If so, specify
5-25 24 2 G. Delevo	(Signed) Why Alexande M.D.
20. FILED Registrar.	(Address) Law Burne
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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V. S. No. 1

	County A 2	20
		Registration Dist. No.
		death occurred in a horpital or intentition, give its NAME in lead of street and number)
I	Length of residence in elty or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?
	2. FULL NAME Salle Dall	SWEET WITHIN CORPORATE LINITO OF
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX) 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Surg 92 , 193 4 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	
	(or) WIFE of Jourse Hall & allowa	1 HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Loc. 215 1898	I last saw h luk alive on May 22, 2 19 34 : death is sa
	7. AGE Yaars Months Days If LESS then	to have occurred on the date stated above, at 11. 20 m.
	22 4 21 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8. Trada, profession, or particuler kind of work done, as SPINNER, AWYER BOOKKEFPER, etc.	affecte furfurative Date of once
•	- In the second	affendelling May
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(9)4
000	10. Date decessed last worked at this occupation (month and spent in this	
-	year) occupation	
	12. BIRTHPLACE (city or town) Camb Cabale	Other Contributory Causes of Importance:
	(Stata or country)	1934
-	13. NAME William Salloway	Q: A
	14. BIRTHPLACE (city or town).	Name of operation Mude alany t Waitley well, 14
1	(State or country)	What test confirmed diagnosis? Was there an autopsy? West
1	15. MAIDEN NAME Bertha Johns	23. If death was due to external capses (VIOLENCE) fill in also the following:
1	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of Injury, 19
-	(State or country)	Whare did injury occur?
	17. INFORMANT CAMES No. Johnson	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
1	18. BURIAL, CREMATION, OR REMOVAL OLL TO	Manner of injury
_	Place There Chief Date neight 1934	Nature of injury
	19. UNDERTAKER 19. 19. UNDERTAKER (Addiéss)	24. Was disease or injury in eny way ralated to occupetion of deceased?
	20, FILED 17-b 19-84 Marsh	(Signed) What he willy m. M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L CHOCALL S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state cact statement of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH	(31)					
	County arine arundal	Registration Dist. No. 2					
	Village or City Jones Station	No. St Ward					
	(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)					
1	D11 D	ds. How long in U.S. if of foreign birth?mosds.					
	2. FULL NAME MANY Dyus Tardner						
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State					
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Oay) (Near)					
	5a. If married, widowed, fr livorced HUSBAND of (or) WIFE of arrives Gardner	22. HEREBY CERTIFY, That I attended degrased from 19.33 to May 2 19.34					
te.	6. DATE OF BIRTH (month, day, end year) Get 1049	I last saw h a alive on 2004, 1934; death is said					
certificate	7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at					
erti	67 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:					
of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	100 E 6 6 11-					
back	9. Industry or business in which work was done, as SILK MILL.	avenu Selawares the					
no	SAW MILL, BANK, etc	Churix Deleast Tex Meghuts					
instructions	12. BIRTHPLACE (city or town) Mary Land	Other Contributory Causes of importance:					
stru	α Δ. 4	Erelsel Contolisio / day					
	+	/					
See	14. BIRTHPLACE (city or town).	Name of operation Date of What test confirmed diagnosis? Was there an autopset Los					
it.	15. MAIDEN NAME Mulsuown	23. If death was due to external causes (VIOLENCE) fill in also the following:					
important	16. BIRTHPLACE (city or town) Much mouse (State or country)	Accident, suicide, or homicide? Date of Injury, 19					
od w	State or country)	Where did Injury occur?(Specify city or town, county and State)					
is very in	17. INFORMANT Dertha Col (Address) Cernold Q. Q. Co rud.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.					
S	18. BURIAL, CREMATION, OR REMOVAL QQ CO	Manner of injury					
	Place Churches sud Date May 4, 1934	Nature of Injury					
TION	19. UNDERTAKER The Uf Saylar (Address) Company System Special mids	24. Was disease or Injury In any wey related to occupation of deceased?					
)	20. FILEO 5 3 , 19.34 Register.	(Signed) John fillsangand M. O. (Address) Jan Benny Dus					
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.					

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	9 F 1 A B	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	7		1	

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

SIAIL OF	MARYLAND—	CERTIFICATE OF DEATH	04607
County County	~	Registration Dist. No. 2	11
Village or City Contact	MX	No.	Ward
,(3,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,	(1)	death occurred in a horpital or institution, give its NAME instead of street	and number)
Length of residence in city or town where death	occurredwrsmos	How long In U.S. if of foraign birth?yrs	mosds.
2. FULL NAME	1. Sherry		
(a) Residence: No. 291	huo 0	St.,Ward.	
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give eity or town	
	SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEAT	Н
Lem. Colved	OR DIVORCED (write the word)	(Mopth) (Day)	, 193 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (oc) WIFE of Rehard	Brang	1 HEREBY CERTIFY, That I atte	ndad deceasad from
5. DATE OF BIRTH (month, day, and yaar)	1. 18 1889	I last saw Mand aliva on Many 24 190	3.4. daath is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, a 2	C-y-, Gaath is said
43	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	
8. Trada, profassion, or particular		were as rollows.	Date of onset
skind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	meshic		
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		Las Cinome of xeroix 11	ten
SAW MILL, BANK, etc.	11. Total time (yaars)	\(\frac{1}{2}\)	Mel Jun
10. Date decaased last worked at this occupation (month and year)	spant in this		
Charle	time - A 1	Othar Contributory Causes of impostance:	
12. BIRTHPLACE (city or town) (Stata or country)	cot to his	trat-tactor	
13. NAME	duin		
15 18	in Maa		
(Stata or country)		Nama of operation Date	
15. MAIDEN NAME IN AME	Muss	What test confirmed diagnosis? Was there	
019-41	hor TING	23. If daath was dua to external causes (VIOLENCE) fill in also the folio	
16. BIRTHPLACE (city or town) (Stata or country)	#_	Accidant, suicida, or homicide? Data of Injury	, 19
(R. Visal	Ol	Whera did injury occur? (Specify city or town, county and	State)
(Address) J. G. Thurs	Tray	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	C PLACE.
8. BURIAL, CREMATION, DR REMOVAL	7 47	Manner of injury	
Placa Brewer True Da	may 2 1,1034	Natura of injury	
9. UNDERTAKER 6.	ngr	24. Was disaase or injury in any way related to occupation of daceased	?
(Address)	Musps	(Signad) Mubrine Janesa	
If more blanks	are needed, address State Resistrar.	(Addrass Hulla Julia M. J. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
3/18/19				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

,)
16 1

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Example I	ti i	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year,	
	<u> </u>			

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY, WITH

N. B.

PHYSICIANS should state

of OCCUPA-

Exact statement

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	. PLACE OF					(22)
	County	an	me	arur	del -	(93-a) Registration Dist. No. 20
	Village or Ci	ty	Lotte	un		NoSt.,Ward
	l ength of resid	ence in city or	town where d	eath necurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
	. FULL NAN		man	1 1	line Ho	11
-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 11	ina ili	J. St., Ward.
1	(a) Residenc	e: No		(Usual place o		If nonresident give city or town and State
I	PERSON	AL AND S	TATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	fimale	4. COLOR OR	,	5. SINGLE, MARE OR DIVORCED Sung	(write the word)	21. DATE OF DEATH May (Month) (Qay) (Year)
5a.	If married, widowe HUSBANO of (or) WIFE of	ed, or divorced		0		22. I HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, day, and	year) h	wech 13	, 1846	May of 1934, to may 5 1934 I last saw h w alive on may 4 , 1934; death is seld
7	AGE Year	s	Months	Days	If LESS than	to have occurred on the date stated above, et 4:300m.
	8	8	1	22-	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
NO	8. Trede, profession, or particular kind of work done, as SPINNER,					acute myocardetis:
OCCUPATION	9. Industry or b	SAWYER, BOOKKEEPER, etc.				Duration two or three days
SUP	Work was SAW MILI	done, as SILK L, BANK, etc	MILL,			Luk A
00	10. Date decease this occup	ation (month at	at nd	11. Total tid span	ne (years) t in this	
year) occupation					1	Other Contributory Causes of importance:
12.	BIRTHPLACE (city (State or count		Colle	an, m	aryland.	Levelity
00	13. NAME	mille	Am	H. Ha	cl-	hypertension
FATHER		vian	a a	-Ca -		Name of operation Date of
FA	14. BIRTHPLACE (State or					What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIOEN NAM	ME Ele	ann	fellen	ran-	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE	(city or town)_	a	a. co-		Accident, suicide, or homicide?, 19, 19
Σ	(State or	country)	7/7	101		Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT (Address)	hair	4.H	y / fal	8	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATI	ON, OR REMO	VAL	Mugu	A.	Manner of Injury
	Plepe	Jan	w	Date	76 ,1934	Nature of injury
19.	UNOERTAKER	24.0	D. M.	elch,	Ε	24. Wes disease or Injury In any way related to occupation of deceased? 220
	74-	st =	Talls	Il Ph	1. 20.	(Signed) Engly N. Wilson M. D.
20.	FILED May	190	, ,	201116	Registrar.	(Address) Lottuan 1 had
,	9		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the dcceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	and the second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HIN 5 1934				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
The second secon				

V. S. No. 1

NK-THIS IS A PERMANENT RECORD. Every item of infor-	should be stated EXACTLY. PHYSICIANS should state	it may be properly classified. Exact statement of OCCUPA-	
item	gho	9¢	
. Every	ICIANS	tement	1
ORD	HYS	t sta	
REC	(P	Exac	
MANENT	ACTLY	assified.	
PER	EX	rly cl	cate.
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HIS	be	pe	Jo
I	pino	may	back
Z	sh	it	no

TION is very important. See instructions

STATE O	F MAF	RYLAND	-CERTIF	ICATE	OF	DEATI
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11	1	6	1	(
V	- A	17	- E	,

1. PLACE OF DEA	тн			10.
County	Anne Ar	undel		Registration Dist. No. 27
Village or City	Fort Geor		(If	ND. Station Hospital St., Ward death occurred in a hospital or institution, give its NAME justed of street and number) 18 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
			yrsmos	Town long in 0.0.11 of loteign pixti:yis
2. FULL NAME	Hollie M		7 7 7 7	
(a) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
	Vhite	5. SINGLE, MARI OR DIVORCEI Sing	(write the word)	21. DATE OF DEATH Ma.y 7 193 4 (Month) (Day) (Year)
5a. If married, widowed, or div HUSBANO of	orced			22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	-		1	April 24 19 34 to May 7 1934
6. DATE OF BIRTH (month, da	TifT. (resubne v	e 27. 19	08.	I last saw h_im_ alive on May 7 1934; death is said
7. AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, a 10:15 Am.
25	10	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9. Industry or business i work was done, as SAW MILL, BANK,	as SPINNER to C EPER, etc. FV to C n which SILK MILL, etc.	J.S.Army	h Infantry	
this occupation (moyear) 12. BIRTHPLACE (city or town (State or country)	pt1nd1934		me (years) it in this 3 mos. pation 3 mos.	Other Contributory Causes of importance: None
II 13. NAME Unk	nown			
H 13. NAME Unk	own) Unknow	m Unknown		Name of operation None Date of - What test confirmed diagnosis? Clinical Was there an au'opsy? NO
15. MAIDEN NAME UI	nknown			23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME UI 16. BIRTHPLACE (city or t (State or country) 17. INFORMANT Servi		Unkne		Accident, suicide, or homicide?
(Address)	30 110 001 41	- C.D.AIM		-
18. BURIAK GREMATION OR Ville (Mecklent	removal Body berg Co)Va	shipped •Oate May	to Clarks 8 , ₁₉ 34	Manner of injury
	d Kaiser, aurel,Mar	land po	Leenen	24. Was disease or injury In any way religited to occupation of deceased? NO If so, specify
20. FILEO May 7	19 34 C	E.FREEMA	N, Col., M.C	(Signed) R.E.PEYFON, Captain, M.C. M.O. (Address) Fort George G.Meade, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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eath and related causes lows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
	12.00
of importance:	Test to
	1 year
	s of importance:

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

certificate.

See instructions on back of

TION is very important.

20. FILED

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PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County a Q	Registration Dist. No. 21
Village or City annapolis	Nolly west St. Ward
(H	death occurred in a hospital or institution, give its NAME instead of street and number)
7 22 8 6	ds. How long in U.S. if of foreign birth?wrsmosds.
2. FULL NAME Saule & E & I	WITHIN CORPORATE LIMITS OF
(a) Residence: No./49 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH (Month) (Oay) 193 (ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard J. Hiff	22.0 I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Men 7-1862	Clast saw h. et elive on May 1 1934 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated eboy, at 0.304 m.
72 / 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	Carcinoma
kind of work done, as SPINNER, Hauselufe SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Lector signoil Colon
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month end spent in this year) occupation.	
12. BIRTHPLACE (city or town) le incimale Ohio	Other Contributory Causes of Importance:
(State or country)	
13. NAME Henry marks.	
(State or country) Ilmany	What test confirmed diegnosis? Restal Sylance Was there en autopsy?
15. MAIDEN NAME le alharine Stracken	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Germany (Address) an arole on the	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place St mary 0 Oate may 7, 1934	Manner of Injury
19. UNDERTAKER D. L. Hoffing. (Address)	24. Was disease or Injury in any way related to occupation of deceased?
	11/21/21/11/11/11

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			L		

				1.6-4-4.		
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

H	
RESERVED	
MARGIN	

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
S.—WRITE PL	mation should	CAUSE OF DE	TION is very	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	04612
county Chris boundel,	Registration Dist. No. 2/
Village or City Will Creek amapoles	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) 3ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME HELING JOSEPH TOXX	
miled	7. /0
(a) Residence: No. Mill WEAK Annab Lis L (Usual place of abode)	Ud St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) While Married	21. DATE OF DEATH Way 1 at 193 4
5a. If married, widowed, or divorced	(Month) / (Day) (Year)
(or) WIFE of Helen agrees Hofferan	22. I HEREBY CERTIFY, That I attended deceased from 1933 to May 1 1934
6. DATE OF BIRTH (month, day, and year) Jan 14-1873	I last saw have alive on april 30 ,1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 45 a.m.
61 1872 3 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Microsoft	Delalation of Steam 7 years
SAWYER, BDOKKEEPER, etc. / Warenury	Surral Cluasarea
9: Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	-
this occupation (month and 2 Mess spent in this 30 %	
12. BIRTHPLACE (city or town) Battimere End	Dther Contributory Causes of importance: **Reliable & Chronic Culer
(State or country)	11
1 13. NAME Wen Holfman	Allroton not stated.
14. BIRTHPLACE (city or town) Rallings and	Name of operation 20001 Date of
(State or country)	Haille of operation
15. MAIDEN NAME Broken Americal	
Balt Gul	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Vullumon und	Accident, suicide, or homicide?
26-1-11 2011	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT VELLE PORTE LAGGER OF CO moreles	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Bullo	Manner of Injury
Place Holy Redeemer mo Date July 4 , 19	Nature of Injury
19. UNDERTAKER & L Hopforing (Address) Come abolt magnifican	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5 3 , 1930 Missifier.	(Signed) Marshall G. Smith M.D. (Address) arrold rud
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
-, more viame, are necueu, aquien Mare Registrat,	2412 11. Courtes Street, Daitmore, Requesting U. S. No. 1.

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Example I	l	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
THUNGAN	151/45				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

O Mr.

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= 1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street ear	1 week ago	
July 5, 1927	Perilonilis	3 days ago	
		21	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				4		

V. S. No. 1

ä

certificate,

See instructions

TION is very important.

MOTHER

16. BIRTHPLACE (city or town)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

17. INFORMANT (Address)

19. UNDERTAKER

(Addrass)

20. FILED May

(State or country)

should state

PHYSICIANS Exact statement

of OCCUPA.

CTATE OF MADVI AND	CERTIFICATE OF REALTY (ACAA
STATE OF MARYLAND	CERTIFICATE OF DEATH 04614
1. PLACE OF DEATH ,	1/2
County allel assende	Registration Dist. No. 20
Village or City Alaswood PO.	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs/mos.	10 ds. How long in U.S. If of foreign birth?
2. FULL NAME Rosel Xt elevel	A Dievall.) Praces
(a) Residence: No. Harwood med	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 21 193 4
5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from Did Was see, when now of himse, 19
6. DATE OF BIRTH (month, day, and year) Office 3, 1934.	i last saw h aliva on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated above, at LO: P.m.
	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pullulania Broughaf 2
SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWMILL, BANK, atc 10. Date deceased last worked et bis occupation (month and account in this programment and account in this securation (month and account in this security).	(La thy opinion from
10. Date deceased last worked et this occupation (month and year)	land bestory
12. BIRTHPLACE (city or town) Harwood (State or country)	Other Contributory Causes of Importance:
13. NAME Selfman Durall 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 2.

Registrar.

Mannar of Injury Nature of injury

(Signed)

What test confirmed diagnosis?

24. Was disaasa or injury In any way ralated to occupetion of

Accident, sulcide, or homicide? ___

(Address)

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Was there an autopsy?_______

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 20
Village or City Lathuan (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLERS MARRIED, MARRIED, WHOWED. GR DIVORGED (Write the word) While of Date of Birth April 16, 1891 (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 193 4 to heavy 19 , 198 s that I last saw h Walive on work at all , 192
7 AGE (Month) (Day) (Year) 7 AGE (If LESS than I day hrs. or min; Particular kind of work housewife.	and that death occurred on the date stated above, atn
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) A. A. Lound	Contributory Secondary
10 NAME OF FATHER GLAG Johnson 11 BIRTHPLACE OF FATHER (State or country) 4 . 4 . Country	(Signed) — (Durstion) — mos. — do (Signed) — M. I. — M
of MOTHER Glen Peters 13 BIRTHPLACE OF MOTHER (State or Country) A a County	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Address) (Address) (Filed May 20 1934 (Registrar	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL LIT JULY 20 UN DERTAKER ADDRESS TRICUASIUM.

If more blanks are needed/addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. V. S. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

PERMANEN BINDING

RESERVED FOR

MARGIN

H UNFADING INK--THIS

WRITE PLAINLY.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) Recommendations on statement of cause of death etanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor stated EXACTLY.

FOR BINDING

ARGIN RESERVED

B.—WRITE PLAINLY,

Stat UPA	1. PLACE OF DEA	TH	MARTEARD		E OF BEATH	
ould sta	County	v. 1	i. lo.		Registration Dist_No.	2/
should jo	Village or City	Cins	rapolisi	No. 8 Ca	lust lost s	t.,Ward
0 /	Length of residence in	city or town where d	eath occurred vrs		institution, give its NAME instead of stree S. it of toreign birth?yrs	
YSICIANS		In march) 1/3	1000		
ICI item	2. FULL NAME	12	Legran	fifte	WITHIN CORPORATE	LIMITE
	(a) Residence: No.	15/9	(Usual place of abode)	St., Ward.	If nonresident give city or tow	n and State
PH	PERSONAL AI	ND STATUSTI	CAL PARTICULARS	MEDICAL	L CERTIFICATE OF DEAT	ГН
Ex	3. SEX 4. COL	OR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEAT	TH 2	./
. L Y	Male 1	Col.	Server (White line word)		(Month) (Day)	, 193 (Year)
C T ified	5a. It married, widowed, or div HUSBANO of	orced	0			
A C T I assified.	(or) WIFE of			1 HERE	BY CERTIFY, That I atto	
× 2.	C DATE OF BIRTH (month of	(1	3 t 3-10-190	I last saw h 1.71 alive of		2V. : death is said
stated E properly certificate.	6. DATE OF BIRTH (month, d. 7. AGE Years	Months	Days It LESS than		stated above, at 5.30A.m.	g_ st , death 15 Said
stated properly sertifica		7	1 day,h ormin,	S. The PRINCIPAL CAUSE OF	DEATH and related causes of Importance	
	8. Trade, profession, or	particular	1 01	were as tollows:	Fussis	Date of onset
be of	kind of work done SAWYER, BDOKKE 9. Industry or business work was done as	, as SPINNER, EPER, etc				210092
may back	9. Industry or business work was done, as	n which SILK MILL.		B. 6	orlymone.	mayll
	work was done, as SAW MILL, BANK, 10. Date deceased last we this occupation (m		11, Total time (years)			
	this occupation (m	onth and	spant in this			
AGE that ions o			a sl.	Other Contributory Causes of	t importance:	
so	12. BIRTHPLACE (city or town (State or country)) cons	G. Co.			
lied ms,	™ 13. NAME Lam	1)	Beans).			
efully supplied in plain terms, int. See instru	T	1	a inti-			
sin to See	14. BIRTHPLACE (city or (State or country)		in all the	Name of operation	is? Was the	e ot
efully in pla ant.	15. MAIDEN NAME	Heller	w John Lom		nal causes (VIDLENCE) fill In also the tol	
	16. BIRTHPLACE (city or	town) fer	maxalis		le? Date of Injury	
hould be car OF DEATH very import	(State or country)		v. De la.	Where did Injury occur?		
be be	17. INFORMANT The	lent	tohnson.	Specify whether injury occur	(Specify city or town, county ar rred in INDUSTRY, In HOME, or in PUBL	nd State) .ic PLACE.
should OF D	(Address)	gook	D. Cort			
	18. BURIAL, CREMATION, OR	REMOVAL IN	1 1/5/5	Manner ot injury		
mation s CAUSE TION is	Place follow	my	193	Nature of injury		
CAUS TION	19. UNDERTAKER	Made	Steed f,	24. Was disease or injury in	any way related to occupation of decease	d?
I O I	(Address)	inne	spolis ! ma	if so, specify	- A	
T	20. FILED 55	19.34 /	Musch	(Signed)	muy + Mow	M.D.
U		1//	Registrar.	(Address)	the mingas	ave.
		If more	blanks are needed, address State Registi	ar, 2411 N. Charles Street, Baltimo	re, Requesting V. S. No. 1.	

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and Japan Others		•		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

(Address)

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WIDEAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County alive Alivedel	Registration Dist. No. 🛛
Village or City Drury	NoSt.,War
	If death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Quitant / Suril	5 Still Bour Johnson
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH) May 13th 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased fro
6. DATE OF BIRTH (month, day, and year) May 13, 1934.	I last saw h alive on, 19; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	THE TRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of ones
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) occupation (month and year)	remature Birth
12. BIRTHPLACE (city or town) May four	Other Coutributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Johnson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT JANON Softman. (Address) Drive ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Lus envilonment May 15, 1934	Manner of injury
19. UNDERTAKER Claron Johnson (Address) Duny- Jud.	24. Was disease or injury in any way related to occupation of deceased? If se, specify
20. FILED May 15, 1934 M. R. Clay ton Sep With Registrar.	(Signed) (Address)

V. S. No. 1

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
100 5 389			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		m.	

N. B.

20. FILED

	Village or Ci	ty	Caver	n 120	(1	ND.
	Length of resid	lence In city o	r town where de	eath occurred/	3 yrsmos	
2	. FULL NAM	VIE	efte	Xa &	mas	
	(a) Residence	ce: No	Sacres	(Usual place	of abode)	St.,-/4
1	PERSON.	AL AND	STATISTIC	CAL PARTI	CULARS	
35	tem -	4. COLOR	R RACE		D (write the word)	21. DATE
5a.	If married, widowe HUSBAND of (or) WIFE of	ed, or divorced				22.
6. I	DATE OF BIRTH (month, day, ar	d year)	28458	-1920	I last saw h.
7. A	AGE Year	* रा	Months	Days S	If LESS than 1 day,hrs. ormin.	to have occu The PRINCI were as followere
NOL	8. Trade, profession of we SAWYER,	sion, or partic ork done, as t BOOKKEEPER	ular SPINNER, , etc.	Ichood	gul	
OCCUPATION	9. Industry or b work was SAW MILI	done, as SILF L, BANK, etc	MILL,		0	-
ပိ	10. Date decease this occup year)	ation (month	at and	Sp31	ime (years) nt in this upation	
12.	BIRTHPLACE (city		Ha.	man Bo	id	Other Coutri
ER	13. NAME	Base	el.	ones	-	
FATHE	14. BIRTHPLACE (State or			A. 60	nid	Name of ope
JER.	15. MAIDEN NAM	AE 2	ilia	Spri	990	23. If death w
MOTH	16. BIRTHPLACE	,	A.	A. 60°	ned	Accident, su
17.	INFORMANT	Juli	a de	mes every	a a 60	Specify whe
18.	BURIAL, CREMATI	DN, OR REM	ce Bran	waman	1/3,1934	Manner of Ir
19.	UNDERTAKER	am	8 77.	Chas	e Dones	24. Was disea

14619

	Registration	Dist. No.	23
ND. leath occurred in a hospital or institu ds. How long in U.S. if o		E instead of street	
St. 126 Ward.	If nonresiden	t give city or tow	n and State
MEDICAL C	ERTIFICATI	E OF DEAT	Н
21. DATE OF DEATH		1. 1	0 ,
1.1.6	(Month)	(Day)	, 193 (Year)
I last saw h = alive on to have occurred on the date state	19.34, to	7704,19.	nded decreased from 1934 34; death is sald
The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related cau	ses of Importance	Date of onset
almina	re f		Jun 1937
Other Coutributory Causes of impo	ortance:	Ellery	
Name of operation		Date	01
What test confirmed diagnosis?		Was there	an au'opsy?
23. If death was due to external cau	ises (VIDLENCE) f	ill in also the foll	owing:
Accident, suicide, or homicide?		Date of Injury	, 19
Where did injury occur? Specify whether injury occurred in	(Specify city o 1 INDUSTRY, in HI	r town, county an DME, or in PUBLI	d State) C PLACE.
Manner of Injury Nature of injury			
24. Was disease or injury in any w	ay related to occup	pation of deceased	12 Ke
(Signed) (Address)	Jac.	Bun	0 M. D.

If more blanks are needed, oddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	tí	Example II		
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	-			

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1	o me	plnous	COCC
X	,±		0
	D. Every	SICIANS	tatement
)	RECOR	Y. PHY	Exact s
MANGIN RESERVED FOR DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
FOR D	IS A PE	stated E	properly
3	HIS	he	be
SERVE	NK-TI	should	it may
N PE	DING I	AGE	so that
TARRET	UNFA	upplied.	terms,
	WITA	efully s	in plain
•	LAINLY,	ild be car	DEATH
	Р	hor	OF
	-WRITE	mation s	CAUSE

TION is very important. See instructions on back of certificate.

mation should be car B.—WRITE PLAINLY,

V. S. No. 1

			TE C	F MAR	YLAND-	CERTIFICATE	OF DEAT	H (14620
	1. PLACE O			1 7		93-0			2
1	County	Anne	arur	ndel			Registration Dis	t. No2	Τ
	Village or (City Anna	nolis			No. Joyces		St.,	Ward
	Length of res	Village or City. Annapolis Length of residenca in city or town where death occurred		f death occurred in a hospital or inst					
		ME NA	RY F	RANCIS .				,	7-7-1-1-02
	(a) Resider	nce: No. Jo	yees		of abode)	St.,Ward.	If nonresident give		-X
		NAL AND S	TATISTI	CAL PARTI	CULARS	MEDICAL	CERTIFICATE O	F DEATH	
3.	SEX	4. COLOR OR	RACE			21. DATE OF DEATH	May	27	4.
	female						(Month)	(Day)	(Year)
5a	HUSBAND of	vad, or divorced							
	(or) WIFE of	John	Jones	5		May 20		That I attended	dacaasad from
6.	DATE OF BIRTH	(month, day, and	vaar) Se	nt. 20	1861	I last saw Hen aliva on	may 27	1984	; death is said
-				1	tf LESS than	to have occurred on the date sta	atad above, at 5	5_m.	,
	7	2	8	7 9	1 day,hrs.	Tha PRINCIPAL CAUSE OF DE ware as follows:	ATH and related causes of	Importance	
z	8. Trada, profa	ssion, or particul	ar		, vices in the	wate as follows.	_		Date of onset
100				undress	, Retire	My rund	vi 1 mil	unden	Telen
JPA	9. Industry or work wa	business in which s done, as SILK f	MILL, No	rel Leve	derey	Impfu	ing		
OCCUPATION	10. Date deceas	ad last worked a	t	11. Total ti	ime (yaars) nt in this	Chronic myocord	litis Donatio	2 auchnose	4
-	year)			occi	pation	Othar Contributory Causes of im	nortance		*
12						muchs	Juneur	na	muy 2
-		ntry)	200				/		-
H	13. NAME		unkr	nown					
FATHER			unkr	nown		Name of operation	••••••	Data of	
-						What test confirmed diagnosis?_		_ Was there an	autopsy 20
H	15. MAIDEN NA	ME	unkr	nown		23. If daath was due to external o	auses (VIOLENCE) fill in	also the following	g:
MOTHER			unkr	nown		Accidant, suicide, or homicide?_	Date	of injury	, 19
_						Where did Injury occur?	(Specify city or tow	n. county and Stat	(a)
17.	INFORMANT	eefer c	f St.	Annes	Church	Specify whether injury occurred	in INDUSTRY, In HOME,	or in PUBLIC PL	ACE.
18			AL.						
	Tall Inc.	7 .	. Md.	Date May	31 19 34	Mannar of Injury			
		* 1 34	al 3			Nature of Injury			Ton
19.	UNDERTAKER		is	lor,		24. Was disease or Injury In any	way ratated to occupation	of deceased?	no
-	(vaniezz)	villahor	1.0	Charl.	0	If so, specify	w C/3	m - 0	
20,	FILED 5	1 19.3	4	VYYVM	sal	(Signed)	The state of		

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass) ...

Kegistrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

INFADING INK-THIS IS A PERMANENT RECORD, Every item of information ACE chamild be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. N. B.—WRITE PLAINLY, WITH

UPA	1. PLACE OF DEATH	
200	County Will live la .	Registration Dist. No. 2
of C	Village or City Unsuapoles	No. Creige at Hospile Ward
	Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?
mer	2. FULL NAME 11/ llean 9.	Jones i Milling
statement	(a) Residence: No. 3 2 K Losent V	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH
田	OR DIVORCED (write the word)	21. DATE OF DEATH
ied.	5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
classified	(or) WIFE of Clsie tones	1 HEREBY CERTIFY That I attended deceased from
	6. DATE OF BIRTH (month, day, and year)	Hast saw hele alive on Man 2 1 19 S (death is said
erly	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
r be	SAWYER, BOOKKEEPER, etc.	Myscholis & Myninkial
may	S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this pecuation (month and the properties) (month and the propert	muffing they
it u	10. Date deceased last worked at this occupation (month and spent in this	<u> </u>
	year) 14 0 - 10 - 19 2 4 3 occupation - 111	Olher-Contributory Causes of Importance:
erms, so that instructions	12. BIRTHPLACE (city or town) Calvert Go.	Superculous Cententies
ıs, s	(State or country)	Vaynorshage
	13. NAME Ohn Jones	thoch.
sin t	14. BIRTHPLACE (city or town)	Name of operation Date of
- 60	c (State of country)	What test confirmed diagnosis? (inloths) Was there an au'opsy?
in	WI 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
H is	16. BIRTHPLACE (city or town) Calculated to	Accident, suicide, or homicide?
DEATH y impor	State or country)	Where did Injury occur? (Specify city or town, county and State)
	17, INFORMANT (Address) / 8 28 9; A major A (3)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
_	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
N is	Place 11	Nature of Injury
CAUSE TION is	19. UNDERTAKER SHOOT HEEKS !	24. Was disease or injury in any way related to occupation of deceased?
F	(Address) Circumor Cos May(If so, specify
U	20, FILEO) 1994 Registrar.	(Signed) Like of Solis M.D.
	More blanks are needed, address State Registrar	24 V. Charles Street Relaimon Promoting 61 S. No.

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	1144-9772		1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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	Every	ICIANS	stement	
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	LN	LY		
	N. B.—WRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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	K-1	houle	t may	bac
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1. PLACE OF DEATH	(23)		
County Clime Cinudal	Registration Dist. No. 23		
Village or City Proofelyn of the	No. St., Wa		
Length of residence in city or town where death occurred 22 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth? 2 yrsmos		
2. FULL NAME Martha Mally !	Jamsch:		
(a) Residence: No. Brooklyn Or	AR., Ward.		
(Usual pace of abode)	If nonresident give city or town and State		
SEL 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH		
Temale White Single (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Park 1934 to May 16 1935		
DATE OF BIRTH (month, day, and year)	1 last saw h. Ex elive on May 16 1934: deeth is si		
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 42 m.		
3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular	were as follows:		
kind of work done, as SPINNER, Halislady SAWYER, BOOKKEEPER, etc.			
9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc	Elm.		
10. Date deceased last worked at this occupation (month and spant In this	Thomany 10		
year) occupation	Other Contributory Canses of Infrordinger		
(State or country)	elais		
13. NAME august Agusch			
14. BIRTHPLACE (city or town). Pusia	Namo of operation Date of		
(State or country)	What test confirmed diagnosis? Was there an au opsy?		
15. MAIDEN NAME Christinic Shahrin	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19		
(State or country) / Musica_	Where did injury occur?		
INFORMANT Congret Armsch (Address) Brooklyn a. 4 60	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
earliace Mism vial, and Date May 17, 19274	Nature of injury		
UNDERTAKER Mary M. Medefied	24. Was disease or Injury In any way related to occupation of deceased?		
D. FILED May 18, 1934 Sta W. Whiteman	(Signed) John Jalagana M. (Address) Can Burn		

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	2-		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04623
1. PLACE OF DEATH	<u> </u>
County alle arundel	Registration Dist. No. 23 1
Village or City Circua Seach	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME KULA KARLA	, in the second
(a) Residence: No. Riving Beach	C4 Mand
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21- May (Month) (Day) (Year)
5a. If married, widowed, or Goscod HUSBAND of	
(or) WIFE of Still Form -	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May, 27-1934	, 19, to, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. 30 F.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0/-
A consider the second of the s	
work was done, as SILK MILL, SAW MILL, BANK, etc	5.0
O 10. Oate deceased last worked at this occupation (month and year) spant in this occupation occupation	Q 63
R	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) 1 1 12 (State or equintry)	
4 4 4 5 4 6	
E GALLEY	
4. BIRTHPLACE (city or town)	Name of operation Date of
IS. MAIDEN NAME	What test confirmed diagnosis? Was there an au'opsy? Was there and au'opsy?
15. MAIDEN NAME Lead Shaw 16. BIRTHPLACE (city or town) Next Ungine	23. If death was due to external causes (VIOLENCE) fill in also the following:
S 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Seo. B. 1 Celly V.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rivera Dear	PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
10 545 5/27 134 mara 100	(Signed) John flespande Ma
20. FILED 19.34 Registrar.	(Andress) alentonia ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PLACE OF DEATH	STATE OF MARYLAND
County a De Co	© CERTIFICATE OF DEATH
Village or City Roth (No	Registration Dist. No. 2 (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 , 1934
5 DATE OF BIRTH 5 3 , 1934 (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h alive on 192 192 192 192 192 192 192 192 193 193 193 193 193 193 193 193 193 193
7 AGE If LESS the laday If day I	rs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstish) yrs. mos. ds.
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PANCE CAPPEL 11 BIRTHPLACE	(Signed) (Address) (Signed) (Address) (Signed) (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Marting Rachel	if not at place of death? Former or usual residence.
(Address) Amastu m	19 PLACE OF BURIAL OR REMOVAL STATE OF BURIAL STATE OF BURIAL STATE OF BURIAL ADDRESS CATANT
110	trar, 16 W. Saratoga St., Valto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, er," etc., without more precise specification as Day loborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; nature of the business or industry, and therefore an Physician, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foremon, (b) Automobile foctory. The material For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." stited unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasums," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railwoy train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease Meosles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city frown where death occurred How long In U.S. if of foreign birth? ds. (a) Residence: No. (Usual pla If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5.-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marrie 5e. If merried, widowed, or divorced HUSBAND of BRTIFY Thet I ettended deceased from (or) WHE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... CCUPATION 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) 3 this occupation (month and occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (Stete or country) What test confirmed diagnosis? Illust Was there an autopsy?. MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town (State or country Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury way related to occupation of deceesed? 19. UNDERTAKER (Address If so, specify (Signed) 20. FILED. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
1 8×13E			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. iI of foreign birth? vrs. mos. Length of residence in city or town where death occurred If nonresident give city-or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4 COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (zwrite the word) wedow Wonth) (Day) (Year) 5a, II married, widowed, or divorced HUSBAND-of CERTIFY. That I attended deceased from (or) WiFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above. 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14, BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or tow (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOVAL 34 Manner of injury Nature of Injury 19. UNDERTAKER (Address) If so, specily 20. FILED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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To be complete, an occupation return must state:

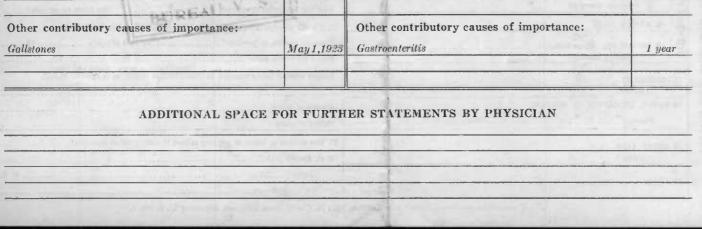
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	6	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritouitis	3 days ago
A CONTRACTOR OF THE PROPERTY O			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	4		



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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04627
1. PLACE OF DEATH	Registration Diet No. 2 b
County VY	Registration Dist. No.
Village or City Samb, els	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 28 yrsmos	ds. How long in U.S. If of foreign birth? 50 yrs. mos. ds.
2. FULL NAME Herman Machan	de
(a) Residence: No. Lam Cr; els	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Ama Machande	Sept. 10 - 2, 1932, to May 30 1934
6. DATE OF BIRTH (month, day, and year) Feb. 7711 1858	I last saw home alive on Many 2 3 1 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 870 Am.
76 3 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	look to at Olamon Lace 1800
9. Industry or business in which work was done, as SILK MILL.	34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and / 9.3 y year)	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or couptry)	Ab some
	Junie wiens sitering
E / O /	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis (Was there an autopsy? (Was there are a ther
I WERE	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or (ounly)	Accident, suicide, or homicide?
The Much	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAUCHE Lande	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Localar Bluff Date from 2 19 /	Nature of Injury
la 4 mortina	24. Was disease or injury In any way related to occupation of deceased
19. UNDERTAKER (Addiess) Grandles (Addiess)	If so, specify
to a fin Demiste	(Signed) Modimer Hayes M. D.
20, FILED O Registrar.	(Address) havidanille Maryland
If more stanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	İ	Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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See instructions on back

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16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVAL

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(Address)

19. UNDERTAKER (Addrass)

20. FILED ...

(State or country)

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1	1. PLACE OI					-CERTIFICATE			04628
	Village or C	City Eastpo	ort vn whara deat	th occurred	yrsmos		lution, give its INAIVI	AE instead of street a	
-	(a) Residen	nce: No. HOT	n Poi	nt, Ea (Usual place o	stport of abode)	St., Ward.	The second second	at give city or town	
	male If marriad, widow HUSBANO of	4. COLOR OR RA	ACE S.	. SINGLE, MARE	RIED, WIOOWED, D (write the word)	21. DATE OF DEATH	May (Month)	31 (Day)	, 193 4 (Year)
7. A	AGE Year	(month, day, and yea	onths 1	ne 30, 0ays	1931 If LESS than 1 day,hrs. ormin.	I last saw h alive on to have occurred on the date state	., 19, to ted above, at	, 19	, 19
OCCUPATION	9. Industry or 1 work was SAW MILI 10. Oate decase this occup	work done, as SPINN, BOOKKEEPER, etc businass in which s dona, as SILK MILL LL, BANK, etced last workad at pation (month and	NER,	11. Total tir		In front of	Al-M	round Resulu	nel
ATHER	(State or coun	Willis	Mart	land.		Other Cantributary Causes of impo			
1	(Stata or	(city or town)	Mar			Name of oparation		Was there	an autopsy?

Accident, suicide, or homicide? (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.

	 Manner of injury .
Natura of injury	

24. Was disaasa or injury in any way ralated to occupation of deceased? If so, specify

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEIAED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 04039
1. PLACE OF DEATH	(82-00)
County Clience Commadely	Registration Dist. No. 21
Village or City Waterbury 1. 6	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) isds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Leonard J. 7	Mather -1010
(a) Residence: No. 1860 Colemptia Trad	Thild, Ward Washington 1.6
(Vsual place of abode)	If nonresident give city at town and Mate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
If marriad, widowed, or divorced HUSBAND of	
Con willed (melia 4 Mather	22. i HEREBY CERTIFY, That I attanded deceased from 19
DATE OF BIRTH (month, day, and year) / when the same of the same o	I last saw h aliva on f9 death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
61 Centhur day hrs	ware se follows:
R Trade, profession, or particular kind of work dona, as SPINNER,	Date of onest
SAWYER, BOOKKEEPER, atc. City of how	Cleate dut- higy / kears
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	Oh. C. 13.
2. BfRTHPLACE (city or town)	Other Courributory Causes of importanca:
(State or country) , Englaced	- sperkler stope
13. NAME Ceuthurra	
f4. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an aulopsy?
f6. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
f6. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of injury, f9
(State or country)	Whara did injury occur? (Specify city or town, county and State)
(Addrass)	Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL 1	Manner of injury
Place 10 10 10 10 10 00 5 (23 , 1954)	Natura of injury
UNDERTAKER August Dengen	24. Was disease or injury in any way related to occupation of dacaased?
D. FILED 5- 30 19 34 Mings.	(Signad) from the Said Who
	, 2411 N. Charles Street, Baltimore, Recorder 2 & Nove 106 - MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example Is	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

of OCCUPA-

properly classified. Exact statement

AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04620
1. PLACE OF DEATH	04000
County a. a. Co.	Positivation Dist No. 2 5
	Registration Dist. No. 23
Village or City Brooklyn, Hughlo	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 12 yrs mos.	
2. FULL NAME Beatrice J. Miller	
(a) Residence: No. 1209 Linnapalus BD. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single?	21. DATE OF DEATH may, 10th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	July 1933 to May 10 1934
6. DATE OF BIRTH (month, day, and year) March 312 18	Post saw Ver alive on May 10, 1934; death is said
7. AGE Years Months Oevs If LESS than	to have occurred on the date stated above, et 9 45 Am
25 / 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or perticular	were as follows:
kind of work done, es SPINNER, bolank	C. 1 to 1 : 1/2
Kind of work done, es SPINNER. BOLLAND. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MUSH and and Oil Go. SAW MILL, BANK, etc. 10. Date deceased last worked et 5/1 2 11. Total time (years) this pecunation (month and spant in this spant in this	Carenoma of soney week sign
9. Industry or business in which extended and and all to SAW MILL, BANK, etc.	me the ken es = - /
10. Date deceased last worked et 5/1/34 11. Total time (years) 2/1/2 spant in this year)	(over)
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Salts and.	0 1
	Cachepia
F The state of the	
(State of country)	What test confirmed diagnosis Tulonatory Wes there an autopsy? W
15. MAIDEN NAMEMANIES OH. Thuman	23. If death was due to external causes (VIOL ENCE) fill in also the following;
15. MAIDEN NAME Marrie H. Thuman 16. BIRTHPLACE (city or town) (Stete or country) (Stete or country)	Accident, suicide, or homicide?Oete of Injury, 19
17. INFORMANT Marris H. Miller (Address) 1209 arrapolis Blod.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Horsey Gross a a co Date 5/14 4 1934	Manner of injury
1 E B No. 1.	Nature of injury.
19. UNDERTAKER GT WEST CO.	24. Was disease or injury in any way related to occupation of deceesed?
0	If so, specify
20. FILED May 11 , 193 & Ila M. V heten	(Signed) Laurence H. Den M. D.

If more blanks are needed, address Stat: Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		22101117100
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
J ly 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car 1 by 5,1927 Peritonitis Other contributory causes of importance:

D , . , ADDITIONAL SPACE FOR FI	URTHER STATEMENTS BY PHYSICIAN	
Vatent had a tomsillecton	y done what 18 mon to	ha and , sea thin
Patent Lad a tomsille form Showed camer - In Sept 1933	take had a cervical al	2.6-1
done - also much 1.16	: she has had	1
From the think.	. 00-	racing sages
	Sinene	

\$	-CERTIFICATE OF DEATH 04631
1. PLACE OF DEATH	
County 4.	Registration Dist. No. 2
Village or City Jones Station	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME Jourella - Vacl sou	miller
(a) Residence: No. The Late on	St. Ward.
(Usual blace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1 9
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	5/21/34,19 ,10 5/24/34 ,19
6. DATE OF BIRTH (month, day, and year) June 9 - 1933.	I last saw h. E. elive on 5-7-7-1-3-4-, 19 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
IIV d or or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
▼ 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this	6
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mes Ma Baltimore	Graceded by from- Eu
(State or county) md.	- Chitis 3rd gostfragonter- 22:
13. NAME Samuel 14. BIRTHPLACE (city or town) & les	Titis ourge
14. BIRTHPLACE (city or town)	Name of operation Oate of
	What test confirmed diagnosis? Was there an europsy
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (1) (1) (Stete or country)	Accident, suicide, or homicide?
	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Summer and on (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place	Nature of injury
19. UNOERTAKER LONG LESSON	24. Was disease or injury In any way related to occupation of deceased?
(Address) University of the	If so, specify
20. FILEO 5 31 19 2 U Myssels	(Signed) John Jellupand M. D.
Registrar.	(Address) Often Brown
Il more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1000 0 3000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SOL O TENE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDEAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL CATA	SPACE FOR FURTH	-fra	*	
as millent	att registra	Ten note	es give	name
	V		0	

N. B.

04632

1. PLACE OF DEATH		(107-0)	11
County aug (undel.	Registration Dist. No. 2	
Village or City	· Station	No	Ward
Length of residence in city/or town when	re death occurredvrs_ 10 mo	f death occurred in a hospital or institution, give its NAME instead of street and street and death of the street and death of the street and death of the street and death occurred in a	d number) mosds.
2. FULL NAME	wa (Jackson)	Nillen .	
(a) Residence: No.	res Statum Go Co	St., Ward, If nonresident give city or town a	nd State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	nd State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	1934
5a. If married, Widowed, or divorced HUSBAND of (or) WIFE of	33	22. HEREBY CERTIFY, That I attende	d deceased from
DATE OF BIDTH ((- g -int- 22)	I last saw h. hay alive on have 19 th 19 31	1924
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 11 P. Mr.	; death Is said
16	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Brinda to -	april 1
10. Dato deceased last worked at this occupation (month and year)	II. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	o statem?	Other Coutributory Causes of importance:	
(State or country)	Que Con Co	13 miles Jurumes	May 15
14. BIRTHPLACE (city or town)	1 Jourson		1 3
[14. BIRTHPLACE (city or town) (State or country)	4 11. 60	Name of operation Date of. What test confirmed diagnosis? Was there a	
15. MAIDEN NAME Les	W Miller	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	
(State or country)	16 Cp. 19.	Where did injury occur? (Specify city or town, county and S	
7. INFORMANT (Address)	of Justin	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC F	LACE.
8. BURIAL, CREMATION, OR REMOVAL	Sylven	Manner of Injury	
Place form sto	ley 0al 3 / 1/19 3	Nature of injury	
19. UNDERTAKER WOOD (Address)	Hesport	24. Was disease or Injury In any way related to occupation of deceased?	W
20. FILED 5-2/ 1954	asmends.	(Signed) John Celus Lend	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
e. a second of the second of t			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY. PHYSICIANS should state

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

3

AGE should be

mation should be carefully supplied.

certificate.

of OCCUPA-

STATE OF MARY	LAND-	CERTIFICATE OF DEATH 04633
1. PLACE OF DEATH		(127)
County a a		Registration Dist. No.
Village or City annapolis	,	No. Energency Hospitalst, Ward death occurred in a horsofal or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	_yrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME martha	- (m.	Neida No 1877
(a) Residence: No. 63 Sauch Sale (Usual place of	abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICI	JLARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (Control of Control		21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of OSLIFA. H. Weide	a	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	1886	I last saw h La alive on
7. AGE Years Month Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House	wife	Carenary Thromborin 5/2/
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year)	n this	
12. BIRTHPLACE (city or town) Germany (State or country)		Other Contributory Causes of Importance:
13. NAME Yestinand mil	les	achle thelesegues 7/134
14. BIRTHPLACE (city or town)—Germany		Name of operation 1988 1989 1989 1989 1989 1989 1989 198
15. MAIDEN NAME ann Schroder	2	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town)	•	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Joseph H Weider (Address 63 South Gale an com	greer out	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Leedlan Sluff Date May	23 19 4	Manner of Injury
19. UNDERTAKER B. L. Haffing (Address)	}	24. Was disease or Injury In any way related to occupation of deceased? 10

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Registrar.

If so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915 .	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	-Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BANG-AU W. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ANENT	CTLY	sified.]	
S A PERM	tated EXA	roperly clas	rtificate.
I SI	be s	be p	of ce
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. 1	TION is very important. See instructions on back of certificate.
Z	1	-	7

STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	4634
County Anne Arunde	1		(83) , h, h,	XUUX
Village or City Crownsvi	lle Ste	te Hosnit	Registration Dist. No.	
Village or City CTOWITS V I	TTE DES	Of Hospia	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where	death occurred		ds. How long In U.S. if of foreign birth?yrsn	
2. FULL NAME Nathani	el Nibl	ett		
(a) Residence: No. Baltimo			St., Ward,	
	(Usual place	of abode)	If nonresident give city or town and	1 State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
s. sex male 4. Color or RACE black	OR DIVORCE	RIED, WIDOWED, D (write the word) dowed	21. DATE OF DEATH May 3rd (Month) (Day)	, 193 4 (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	nknow		22. I HEREBY CERTIFY, That I attended Feb. 5th 1934 to May 3rd	
6. DATE OF BIRTH (month, day, and year)	1901		I last saw him alive on May 3rd ,19 3	4 death is said
7. AGE Yaars Months	Days no wn	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 8: 50P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
R Trada profession or particular	Steved	ore	wara as follows: General Paralysis of the	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Shudustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			Insane	
10. Data deceased last worked at this occupation (month and year)	spe	ime (yaars) nt in this upation		-
12. BIRTHPLACE (city or town) Unkn Own (State or country)		Other Coutributory Causes of importance: Syphilis	?	
1 10 10	Niblet	t		
13. NAME Abraham 14. BIRTHPLACE (city or town) Virg (Stata or country)	inia		Name of operation Date of	Yes
	(Unknow	m)	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Abella (Unknown) 16. BIRTHPLACE (city or town) Virginia (State or country)		23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide?	, 19	
17. INFORMANT Ho spital Rec (Address) Crown sville,	ords Maryla	nđ	Specify city or lown, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	le) ACÉ.
18. BURIAL, CREMATION, OR REMOVAL TO Place	Ulpata 5/	5 300	Manner of injury	
19. UNDERTAKER V. P. Wu (Address) Walioba	le sol	Oufsh	24. Was disease or injury in any way related to occuration of deceased?	9
20. FILED 3 / 5 /, 19.3.9.	blanks are needed	Registrar.	(Address) Grownsville West VICE 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. D.

V. S. No. 1

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscletosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 04635	
1. PLACE OF DEATH	(93-C)	
County de de	Registration Dist. No. 22	
Village or City Latersfert	Nost w	Vard
	death occurred in a horpital or institution, give its NAME instead of street and number)	
01.01.	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Charles Pennetylon		-
(a) Residence: No. Fallifle (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVINCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer (Yeer	<u> </u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jettee B. Jewebertone	22. I HEREBY CERTIFY, That I attended deceased way 22, 194, 10 May 22, 19	from
6. DATE OF BIRTH (month, day, and yeer) Mcl. 1240 1858	I last saw h alive on	said
7. AGE Years Months Days If LESS then	to have occurred on the dete stated above, et 2.20 fm.	3010
16 2 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	myocarditer 0ate of or	
A Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc 10. Date deceased lab worked at this occupation of the procession o	Hind Blocky 19.	3.4
10. Date decessed lad worked at this occupation worked at this occupation worked at this occupation occupation occupation occupation occupation occupation	2	>
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	
(State or country)	acute carglial s/22	/34
14. BIRTHPLACE (city or town)	Dellahon	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an autopsy?	10
16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
(State & country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT MA Illigent lunberfore	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL PHOSE SULPTION OF REMOVAL PHOSE SULPTION	Manner of injury	
19. UNDERTAKER DAY ADALEM	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED May 241, 194 N.J. Portes of Loca Registrar.	(Signed) 19 6 War N	/i. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E ! V E D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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V. S. No. 1 ä ż OCCUPA.

of

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County Co., Co.,	Registration Dist No. 12/1
Village or City Lenna of Olin	No. 35 gotto Coefst. War
Length of rasidance in city or town where death occurredyrsmo	If death occurred in a horpital of distitution, give its NAME instead of street and number) isds. How long in U.S. If of foreign birth?
2. FULL NAME Baly. Brown 1	Pela Taran
(a) Residence: No. 35 90ths Con	St. Ward
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 / (
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY SERTIFY, Thet I attended daceased fro
6. DATE OF BIRTH (month, day, and year) 5/16/34	liast sew her aliva on 5 - 16 19 V. doath is sai
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 10 Pm.
1 dey, 1.5 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8 Trade profession or particular	Data of onse
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	6 Minit - Miscarriage
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Ipdustry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occuration (month and	0
10. Date deceased lest worked at this occupation (month end spant in this occupation	
	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	-
13. NAME 17 homas / 1910	
13. NAME homas Grown 14. BIRTHPLACE (city or town) bullinging	Name of a section
(State or country)	Name of operation
15. MAIDEN NAME PARCE DOLLAR	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Place Detters 16. BIRTHPLACE (city or town) - Compage of the	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
(State or country) a. la. la.	Whare did injury occur?
17. INFORMANT Thomas Some '(Address) 35 90th with	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL .	Manner of injury
Place Server Jed Date 5/18 1934	Nature of injury
19. UNDERTAKER Ofus & Hecksh	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED 5 18 , 1934 Minf? Registrar.	(Signed) Lingle Company M.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting W. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

. Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BEINGAU V.S.	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2442)
County Chris Christal	Registration Dist. No. 21
Village or City of Bay Predje in Ches	desth occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME William Carlon	l'orver
(a) Residence: No. 1453 Newton Syn 3 (Usual place of abode)	V. St. Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (with the word)	21. DATE OF DEATH (Mogth) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
C DATE OF BIDTH (SALE)	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Month Days If LESS than	I last saw h elive on, 19; death is seld to have occurred on the date stated above, atm,
23 24 11 4 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Bookkeekey.	76-1-1
9. Industry or husiness in which	Fracured Shull - by 3/19/34
work was done, as SILK MILL, Concress Col Co	Jalling Language and
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation	T Chedale ahe Bay.
12. BIRTHPLACE (city or town) Washington & C.	Other Contributor Causes of importence:
(State or country)	
14. BIRTHPLACE (city or town) Columbia S. C.	
(State or country)	Name of operation Date of
	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Sylvia 3 yers. 16. BIRTHPLACE (city or town) Slepherdstown.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide strained Date of injury May 19, 19 37 Where did injury occur? Calo apeale Bay
17. INFORMANT Mus Pott. Bangs of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Manual T. Date May 23, 1934	Manner of injury
19. UNDERTAKER Martin W. Hy gran Co (Address) Warlander To	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 522, 1934 J. Missel.	(Signed) Joseph M. D. (Address) Jumple: Mr. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones :	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

No. 1	MARGIN	RGIN RESERVED FOR BINDING	D F()R B	INDING	•			í.
3.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	H ONFADIR	NG INK-TH	IS IS	A PE	RMANENT	F RECO	RD. Every	item of	infor-
mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	y supplied.	AGE should	e sta	ted E	XACTL	Y. PH	YSICIANS	should	state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	ain terms, so	that it may	be pro	perly	classified.	Exact	statement	of occ	UPA-
TION is very important. See instructions on back of certificate.	See instructi	ons on back	of cert	ificate					

OCCUPATION

MOTHER | FATHER

1	. PLACE OF DEATH	MARTEARD	——— ®	¬ .
	County anne	Mindel	Registration Dist. No.	2:0
	Village or City Fuend Length of residence in city or town where death		No. St., death occurred in a hospital or institution, give its NAME instead of street and street an	·///
2	(a) Residence: No.	Tuindship (Usual place of abode)	St., Ward. If nonresident give city or town are	nd State
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
_0	SEX 4. COLOR OR RACE 5. Mull Negro If merried, widowed, or divorced	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH hung /6 (Month) (Day)	, 193 3 Y (Year)
Ja.	HUSBAND of (or) WIFE of	V	22. JHEREBY CERTIFY. That I ettende	
	DATE OF BIRTH (month, dey, and yeer) M AGE Years Months Stillborn	Days If LESS than 1 day, hrs. or min.	to have occurred on the date steted above, at	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)	Juliann	
12.	this occupation (month and yeer) BIRTHPLACE (city or town) (State or county)	spant in this occupation	Other Contributory Canses of Importance; Congunital)	
FATHER	14. BIRTHPLACE (city or town) (State or country)	udolego med	Name of operation Date of What test confirmed diegnosis? Was there are	
MOTHER	16. BIRTHPLACE (city or town) (State or country) INFORMANT	July . Sud	23. If death was due to external causes (VIOLENCE) fill in also the following accident, suicide, or homicide? Date of Injury Where did injury occur?(Specify city or town, county and State of the property of the proper	, 19
	(Address) BURIAL, CREMATION, OR REMOVAL Place L. T.	verly med Date May 17, 13-4	Manner of Injury	
19.	UNDERTAKER W. D. Well	chen, rued.	24. Was disease or injury In any way related to occupation of deceased? If so, specify	
20.	FILED May 17, 1954.	Depondo Registrar.	(Signed) Duly H. Mlson, (Address) Latteren - 1.	nd M.
	If more blan	ks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
134.4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH County Jenny Grundel. proper PERSONAL AND STATISTICAL PARTICULARS PERMANENT of 4 COLOR OR RACE 5 SINGLE 3 SEX 20 structions at (Mionth) 7 AGE supplied terms Ë 99 (a) I rade, prefession or INKparticular kind of work refuily plai (b) General nature of industry business, or establishment in 5 which employed cr (employer) Ear impo 9 BIRTHPLACE (State or country) EA Should E OF DE ā 11 BIRTHPLACE OF FATHER ARENT CAU (State or country) 12 MAIDEN NAME state CCUP/ 13 DIRTHPLACE OF MOTHER O (State or country hou (Informant) statem EVery (Address)

BINDING

FOR

ESERVED

C

MARGIN

(131)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) (If death occurred in a hospital or institu-tion, give its NAME in-stend of street and number.) MIDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the decease that I last saw h. C. and that death occured on the date stated above, at The CAUSE OF DEATH * was as follows: *State the Discase Causing l'eath, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents) At place in the of death. State Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 23 UNDERTAKER

MARRIED.

WIDOWED. OR DIVORCED

(Write the word)

(Day)

(Year

If LESS than

I day hrs.

If more b.anks are needed, addrus Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer. Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: a additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, ct. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomoline engineer, report specifically the occupations of persons en-For many occupations a single word or term on who are engaged in the duties of the The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Elamples: Cerebro-giver (the only definite synonym is "Epidemic cerebro-spinal menit, itis"; Diphtheria (avoid use of "Croup"), Typhoid feeer (never report "Typhoid Pneumonia": Lobar meaumonia. Bronchopneumonia ("Pneumonia":

tions, such as atic), "Atrophy," "Collapse," "Course, "Topsy," "Debility" ("Congenital," "Senile," "Haemorrhage, "Topsy," "Heart failure," "Ilaemorrhage, "Shock," "S stited unless important. Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of taken. For VIOLENT DEATHS state MEANS OF INJUNY "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart range," Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., selsus; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICI'A., State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Whooping American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; or intercurrent) affection need Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. ... the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH
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04640

1. PLACE OF DEATH	
County	Registration Dist. No.
Village or City Tree Haven	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
to the fracidence is situar town where death occurred.	ds. How long in U.S. if of foreign birth?mrsmosds.
11	
2. FULL NAME (a) Residence: No.	St. Ward, *
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (Day) (Pear)
5a. If marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
A PATE OF BIRTH (month day and year) There 12/274	I last saw h; daath is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Pays ILLESS than	to have occurred on the data stated above, atm.
1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	were as follows: Still Birth Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Date dacaased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Henry har. tush	
13. NAME Cerry har. Cush 14. BIRTHPLACE (city or town) Ballo-	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME amabelle Rode	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
Slate or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT H. C. Rush (Address) Seen Haven	Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sacco. Date 3-14, 19 3	Nature of injury
	24. Was disease or injury in any way ralated to occupation of daceased?
19. UNDERTAKER Janto	If so, specify
(Address)	(Signed) . M. D.
20. FILED 7 219 37 A. Ca S	(Addrass) and dun. Md,

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NEAU .			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE (OF	MARYL	AND-	CERTIFI	CAT	E	OF	DEATH
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04641

1. PLACE OF DEATH						20-97				
	County Anne Arundel					Registration Dist, No.				
	Village or C				ade (1) 3 yrs, 6 mos	No. Station Hospital St., f death occurred in a horpital or institution, give its NAME instead of street and s. 6 ds. How long in U.S. If of foreign birth? yrs. m				
	2. FULL NA									
			Fort G			St., Ward. If nonresident give city or town and	1 0			
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH				
Male White			OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 10	, 193 A				
5a	. If married, widow HUSBAND of (or) WIFE of	ed, or divo	orced			22. I HEREBY CERTIFY. That I attended deceased from Con May 10				
-	DATE OF BIRTH (AGE Yea	rs	Months	Days	If LESS than 1 day,hrs.	im Mar 10 31				
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNES to Co FF # , 34th Inf. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 934 spent in this occupation) 18. Trade, profession, min. 19. Trade, profession, min. 19. SATHLY 11. Total time (years) spent in this occupation 11. Total time (years) spent in this occupation					were as follows: Run over by 3-ton Army motor truck, Accidental. Crushing injuries to abdomen and pelvis.	Date of onset 5/10/34			
12. BIRTHPLACE (city or town) Streeter (State or country) Illinois						Other Contributory Causes of Importance:				
ER	13. NAME Unknown									
FATHER	(State of Country)					Name of operationNone Date of				
MOTHER 12	15. MAIDEN NAM 16. BIRTHPLACE (State or INFORMANT (Address)	(city or to country)	Unknown wn)		iknown v	23. If deeth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Accident Date of injury May Where did injury occurs. Ft. George G. Meade, M. Arundel Co. (Specify city or town, county end Sleet Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	10 19 34			
18.	Burial, CREMAX Cemetery	, Va		ington Na Date May		Manner of Injury See above. Nature of injury See above.	(a)			
_	(Address)		Kaiser, Laurel,	Maryland	in an	24. Was disease or infliment and was colated to occupation of deceased?	No			
20.	FILED MEY	10 ,	19 34 C.	E FREEMAI	Registrar.	(Signed) F.T. CHAMBERLIN, Major, M.C. (Address) Fort George G. Meade, Md.				

Case reported to the Bureau of the Census. State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		* * <			

				RTHER STAT				
l .	(a) 1.Fracture,di	slocation	.lumbo-se	cral artic	ulations	spine.	2. Fracture, c	ompound,
	comminuted, pelvic							
	5. Shock, traumati					_3 t		
	A CONTRACTOR OF THE PARTY OF TH			T				

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH U4
1. PLACE OF DEATH		(139.7)
County W- W-	A-A	Registration Dist. No.
Village or City Conney of	4	No. My DMU M St.,
Langth of residence in city of town where state		If death occurred in a hospital or institution, give its NAME instead of street and number sds. How long In U/S. If of foreign birth?yrs,mos
Soluk	6 1 7	Ame
2. FULL NAME SWALL	2 July	WITHIN CORPORATE LIMITS
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
semal Colonia	OR DENORCED (write the ford)	(Month) (Pay) (Y
5a If married, widowed, or divorced HUSBAND of	11	
(or) WIFE of Centre Seo	t	1 HEREBY CERTIFY That I attended decaas
	V	Last saw h. A alive on Wac 20 1193 W deat
6. DATE OF BIRTH (month, May, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, #35 Pm.
46	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
_ 8. Trada, profession, or particular	ormin.	were estatives:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rel Wife	/4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	7	no additional information, Cause of sale
O- OAN HILL, DAINI, CO.	1	I pinsitia unknown . O.
10. Date deceased last worked at this occupation (month end	11. Total tima (years) spent in this	Clus Cubring /
yaar)	Decupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	,.XLO	
~ 1 1 / he -	Hhen A	- If the augustus peresers
13. NAME	young)	Blatalet Jellen - Cal
14. BIRTHPLACE (city or town) C. (State or country)	6.80	Name of operation
0000	Stand	What test confirmed diagnosis Aller Confirmed Diagnosis Diagno
= 700)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	/	Where did Injury occur?
-HG / L	List	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT		The state of the s
18. BURIAL, CREMATION, OR PEMOVA	Ch	Manner of injury
Place Skay Seco	Date 1 1 3.9 3	Nature of injury
IN HADESTAKES	nielist	24. Was disease or injury in any way related to occupation of deceased? 24.
19. UNDERTAKER (Address)	110 1	If so, specify
	The VIT	(Signed) Whet Turkersen
20. FILEO 5 21 , 19 3/4 X	William	(Signed)

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	for-	ate	-Yc		
1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1	
)	item	shor	o jo	1	
	Tvery	IANS	ment		
	RD. I	YSIC	state		-
)	RECO	PH	xact		
5	NT	LY.	d. E		
DIL	IANE	ACT	assifie		
PIL	PERM	EX	ly cla	ate.	
ANGIN RESERVED FOR BINDING	S A	tated	roper	ertifica	
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N N	K-T	plnoy	may	back	
NEW I	C IN	GE s	that it	ns on	
L NI	VDIN	d. A	, so t	ructio	
200	UNF	pplie	terms	insti	
·	ITH	lly su	plain	See	
,	Y, W	arefu	H in	rtant	
1	INE	l be c	EAT	impo	
	PL/	hould	OF I	very	
	RITE	tion s	USE	on is	
	B.—W	ma	CA	TI	
	z	-	(TION is very important. See instructions on back of certificate.	1
			-	-	

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH	0464

		OF DEA				(97)	
	County	Anne	Arundel			Registration Dist. No.	1
	Village	or City C	rownsvi	lle Sta	te Hospi	tal _{No.} St.	Ward
	Length o	f residence in cl	ly or town where	deeth occurred3	(legyrs, 5mos	Registration Dist. No. St., f death occurred in a hospital or institution, give its NAME instead of street and s. 12. ds. How long in U.S. if of foreign birth? yrs. m	number)
	2. FULL	NAME	Georg	e W. 31	154		
	(a) Res	idence: No	llower	d Count	of abode)	St., Ward. If nonresident give city or town and	State
		ONAL AN	D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
n	sex lele	bla		5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word) We d	21. DATE OF DEATH May 30th (Month) (Day)	, 193 4 (Year)
5a.	HUSBAND	of TT-				22. I HEREBY CERTIFY That I attended	
	(or) WIFE	of Un	kno wn			D TOLL	deceased from
6.	DATE OF BIR	tTH (month, day	(, and year)	1870		Hest saw h_1M_alive on May 70th 1934	
_	AGE	Years	Months	Days	If LESS then	to have occurred on the dete stated above, at 7: 10P m.	, death 13 3aid
1		64	Unkn	own	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Z	8. Trade, p	rofession, or pa of work done,	rticular as SPINNER	73		General arteriosclerosis	Date of onset
OCCUPATION	SAW	YER, BDOKKEE	PER, etc	Ferm 1	sporer		
UPA	work	was done, es S MILL, BANK, e	SILK MILL,				
22	10. Date de	ceesed last wor	ked et	11. Total t	ima (years)		
		occupation (moi			ntin this upation		-
12.		E (city or lown).	Maryl	and		Other Contributory Causes of importance:Senility	2
ER	13. NAME	A	ndrew S	mith			
FATHER		LACE (city or 10 te or country)	wn)	ryland		Neme of operation	
ER	15. MAIDEN	NAME	Georgia	nna Dor	VAR		
MOTHER			wn) Mar			23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	INFORMANT (Address		nital R rownsvi	ecords	rzland	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	e) ACE.
18:	BURIAL, CRE	MATION OF R		Date Jeur	e3,1934	Manner of injury	
19.	UNDERTAKE (Address		Mris.	ow.	ma.	24. Was disease or injury in any wey related to occupetion of deceesed?	
20.	FILED 5/3	(, i	3 K	279	Registrar.	(Signed) (Address) Crownsville Marie (Address)	М. D.
-			7.0				6

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	li	Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepr	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 8 1834	July 5,1927	Peritonitis	3 days ago	
wa —	-BUREAU V. D.				
Other contributory ca	auses of importance:	23	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—CERTIFICATE OF	DEATH 04645
1. PLACE OF DEATH	6
County C. Revaples	egistration Dist. No. \21
Village or City Action (If death occurred in a hospital or similation, g	ive its NAME instead of street and number)
Langth of rasidence in city or town where death occurred yrs	1
2. FULL NAME Maygie Stansbury	WITHIN
(a) Residence: No. Bownswood grat, Ward.	WITHIN CERPORATE LIMIT
	f nonresident give city or town and State
	IFICATE OF DEATH
Female colored Single (Mo	Noy 3/ , 193 # (Year)
is. If married, widowad, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CI	ERTIFY That I attended deceased fro
m. 121 10914 201 201	4. to 1104 31 1974
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the data stated above	19. 24 daath is sa
1/1) 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and	
8-Trada, profession, or particular	Data of ong
8. Trada, profassion, or particular kind of work dona, as SPINNER, Llowelotic left for the SAWYER, BOOKKEEPER, etc.	manka u Barre
9. Industry or business in which work was dona as SILK MILL	The state of the s
SAW MILL, BANK, atc	O .
this occupation (month and year) occupation	
Other Contributory Causes of Importance	-1- Not
(State or country)	Thur W
1 13, NAME Desper (Nilaba)	1 Mey
13. NAME Learny Wilson 14. BIRTHPLACE (city or town) (1) (State or country) (State or country)	Discost
(State or country) What test confirmed diagnosis?	Was thera an autopsy?
15. MAIDEN NAME Cunil Hunt 23. if death was due to external causes (V	
	Date of injury, 19
where did injury occur?	
17. INFORMANT Royal Account of the Spacify whether injury occurred in INDI (Address) Spacify whether injury occurred in INDI	pecify city or town, county and State) ISTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury	
Place 2 Toolselle Date June 3 , 1934 Nature of injury	
19. UNDERTAKER 24. Was disease or injury in any way rela (Address) 216 Lay St (March 1987)	etad to occupation of daceased?
20. FILED 6 2, 19 324 AMSSAS (Signed) Walton 17. (Address) Question 17.	toppens 1 M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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ARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH

1. PLACE OF DEATH	F MARYLAND—	CERTIFICATE OF	DEATH	0 3. 0 3.
County a a			istration Dist. No. 2	1
Village or City Carrie Car	poles (1	No. death occurred in a hospital or institution, give	foofilal st.	Ward d number)
Length of residence In city or town where d	eath occurredyrsmos		birth?yrs	.mosds.
2. FULL NAME (a) Residence: No. West (1)	(Usual place of abode)	Sterrelle Ward.	MIN COPPORATE LIM	nd State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIF	FICATE OF DEATH	
3. SEX / 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	24 /3 h) (Day)	, 193 <u>4</u> (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND	V Sterretts	1 -7	RTIFY. That I attende	ed deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, The PRINCIPAL CAUSE OF DEATH and re		¥; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, ASAWYER, BODKKEEPER, etc		were as follows:	Ω	Date of onset
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc		Hereen		Seven
1D. Data daceasad last worked at this occupation (month and yaar)	11. Total time (yaars) spant in this occupation	Other Contributory Lauses of Importance:	efeters	Wearl
12. BIRTHPLACE (city or town)	lend an a co	Obscer	1 Jung	Desen
13. NAME George &	Jume			mull
13. NAME Stange 13. 14. BIRTHPLACE (city or town) (State or country)	co no	Nama of operation What test confirmed diagnosis?		
15. MAIDEN NAME Office	n-	23. If death was due to external causas (VID	The second second second	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	my	Accident, suicide, or homlolde?		
17. INFORMANT Puth 1. (Addrass) Was Pin	homes months	Specify whether injury occurred in INDUS	cify city or town, county and S TRY, In HDME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Frundship me	Date May 17 34	Mannar of Injury		
19. UNDERTAKER B. L. Hofel	ing!	24. Was disease or injury in any way relate		7
20, FILED 5 17 , 1934	Mrisp legistrar.	(Signed) (Addrass)	of Junes	3 M. D

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Example I	*! !i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUKE				
Other contributory causes of importance:	•	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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No.		
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County a , a .	Registration Dist. No. 20
Village or City west River mil	No. St., Ward
, (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Par 1 Amella	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah Tasker	
(a) Residence: No. west Pres (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
or Divorced (write the word)	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of William / Orfer.	22. I HEREBY CERTIFY, That i attended decassed from 21. 1 HEREBY CERTIFY, That i attended decassed from 19.33, to May 2.3, 19.34
6. DATE OF BIRTH (month, day, and year)	I last saw by Waliva on May 20 1,1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, A. 11:3 D.F.m.
62 4 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	My ocar diles Chrouse
S. Hade, professing of particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this pecupation (month and search in this pecupation (month and search and search and search in this pecupation (month and search and	5/10
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Mesantes Chronice
10. Date daceased last worked at this occupation (month and spant in this	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) May lond	Sille State of Silver f Silver of Silver of Silver of Silver of Silver of Silver of Si
(State or country)	
13. NAME Joseph Smille 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
E C	23. If daath was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT William Tooker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) west River no	•••••
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Mil Data (MM) de 4 ,190 F	Natura of Injury
19. UNDERTAKER) I Hopfing	24. Was disaase or injury in any way related to occupation of deceased?
(Address) and It Delanto	if so, specify
20. FILED 11.09 1904 11 Caug 181	(Signed) M. D. (Addrass) A A A A A A A A A A A A A A A A A A
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	. 4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	t.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
National State Co.			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH COUNTY Village or City. Village or Vill		CERTIFICATE OF DEATH	04648
Village or City Length of residence in city or town where death occurred Length of residence in city or town where death occurred 2. FULL NAME (a) Residence; In City or town where death occurred (b) How length of the institution, give sin NAME instead of steet and number) (c) Residence; In City or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCE, MARIEN, WIDOWED, OR DIVORCED (carrier the word) OR DIVORCED (carrier the word) 22. I HER EBY CERTIFY, That I attended deceased from (Day) (i) How long in U.S. If the Control of the word of the word of the control of the word of the word of the control of the date stated above, at the control of the control of the date stated above, at the control of the control of the date stated above, at the control of the date stated above, at the control of the control of the control of the control of the date stated above, at the control of the date stated above, at the control of the date stated above, at the control of the control of the date stated above, at the control of the control of the control of the date stated above, at the control of	1. PLACE OF DEATH	(115-21)	01010
Length of residence in city or town where death occurred to the countries of the how long in U.S. if of foreign birthy? yrs. mos. ds. How long in U.S. if of foreign birthy? yrs. mos. ds. how long in U.S. if of foreign birthy is of how long as a Sister of the West of injury occurred in InDUSTRY, in Hollic, of inpury. How long in U.S. if yrs. profess	County U. Co.	Registration Dist. No	2/
Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (Charlefee of abode) PERSONAL AND STATISTICAL PARTICULARS St. Ward. If somestident give rely or town and State PERSONAL AND STATISTICAL PARTICULARS S. If married, widowed, or divorced (PERSONAL AND STATISTICAL PARTICULARS S. If married, widowed, or divorced (PERSONAL AND STATISTICAL PARTICULARS S. If married, widowed, or divorced (PERSONAL AND STATISTICAL PARTICULARS A COLOR OR RACE S. SIKUEL MARRIED, PRIVIOWED Or Corple the word) TO DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF BEATH 2. DATE OF BEATH 2. DATE OF BEATH 2. THE REBY CERTIFY, That I altended deceased from min. To PRIVICAL CAUSE OF DEATH and releted causes of importance were as foligon: The PRIVICAL CAUSE OF DEATH and releted causes of importance were as foligon: Ditter Jensey 1. BIRTHPLACE (city or town) Cistle or country) 1. Date Da			Ward
(a) Residence: No. CUasificher of shods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOVED, OR DIVOKCED Greate the word) 5. B. If married, vidowed, or divorced (cr) vite of (cr) vite	(If Length of residence in city or town where death occurredyrsmos.	deam occurred in a no-phila or institution, give its NAME instead of street and	number)
PERSONAL AND STATISTICAL PARTICULARS S.SEX 4. COLOR OR RACE 5. SINGLE, MARRIEN, MIDOVED, MIDOVED, MIDOVED, Of Wiley of Hower, or divorced HUSBAND of Only Nife of Only Nife of HUSBAND of Only Nife of Only N	2. FULL NAME Many & Jaylow	WITHINGO	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED 6. DIATE OF BEATH 1. DATE O	(a) Residence: No. 407 4 (Usual place of abode)	St., ward.	-Og
2. If married, vidowed, or divorced (or) will of 8. DATE OF BIRTH (month, day, and year) 7. ACE Years Months Days If LESS than 1 day,hrs. ormin 1 day,min 1 day,min 1 day,min 1 day,min 1 day,min 1 day,min 1 da	PERSONAL AND STATISTICAL PARTICULARS		d State
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or	The state of the s		, 193 4
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trace, profession, or particular sind of work dome, as SPINNER, SAWTR, BOOKEFER, etc. 9. Industry or business in which says adone, as SIK MILL, SAW MILL, BARK, etc. 10. Date decased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. TAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURNAL, CREMATION, OR REMOVAL Place (Address) 19. Whet set of injury Neture of injury	5a. If married, widowed, or divorced HUSBAND of	(Day)	(Teal)
E. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	(or) WIFE of	22. HEREBY CERTIFY, That I attender	deceased from
7. AGE Years Months Days If LESS than 1 day	4 DATE OF DISTRICT		
The PRINCIPAL Office and the state above, as SPINNER, sor min.			; death is said
S. Trade, profession, or particular SawYee, policities SawYee, pol	1 day,hrs.		
Synty Ry Borks EPER etc. 9. Industry or business in which work dame, as SPINNER, SWYER, BORKSEPER, etc. 9. Industry or business in which worked at this occupation (month and years) spant in this occupation (month and years) no ccupation. 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. Date 8 Trade profession or particular	were as follows:	Date of onset	
Dther Coatributary Causes of Importance: 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. Date.	kind of work done, as SPINNER,	fung ousen	5/20/34
Dither Coatributary Causes of Importance: 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. Date. 9. Industry or business in which			
Dther Coatributary Causes of Importance: 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. Date.	work was done, es SILK MILL, SAW MILL, BANK, etc	, , , , , , , , , , , , , , , , , , ,	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 21. State or country 22. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury 19. UNDERTAKER (Address) 20. FILED 21. State or country Manner of injury Neture of injury Neture of injury (Signed) (Signed) (Signed) M. D. (Address) M. D. (Address) M. D. (Address)	and acceptation (month and	**************************************	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. Sate or country) 22. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Neture of injury occur? 24. Was disease or injury in any way related to occupation of deceased? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. Was disease or injury in any way related to occupation of deceased? 16. so, specify (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 24. Was disease or injury in any way related to occupation of deceased? 16. so, specify (Signed) 27. Was disease or injury in any way related to occupation of deceased? 17. Manner of injury Neture of injury (Signed) (Signed) (Address) M. D. (Address)	(Imagnula)	Dther Contributary Causes of Importance:	
13. NAME 14. BIRTHPLACE (city or town)		Chrance Tanulles	
Whet test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date		Tomailestone	That
Whet test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date	E de la companya del companya de la companya del companya de la co		134
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Where did injury occur? Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Very Manner of injury Neture of injury 19. UNDERTAKER (Address) 24. Was diseese or injury in any way related to occupation of deceased? 1f so, specify (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Wanner of injury 19. UNDERTAKER (Address) 24. Was diseese or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Neture of injury (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Neture of injury (Address) (Address) M. D. (Address) Address M. D. (Address)		4	
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17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Very whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 15 so, specify (Signed) (Signed) (Address) M. D. (Address) (Address)	(State of country)	(Specify city or town county and Sta	
PlaceDateD		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	LACE.
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Address) M. D. (Address) (Address) (Address) (Address) (Address)	C	Manner of injury	
20. FILED 5 31 , 1934 All Begistrar. (Signed) 9, Willia Marker M.D. (Address) Auma police M.D.	Place Date Date VO19 3 4	Neture of injury	
20. FILED 5 31 , 1974 Junt Bristrar. (Signed) 9, Willia Marlin M. D. (Address) annapolis ma.			Mo
	121 211 (1011)	06/11/12 11/12	M. D.
			ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier, morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Upper other contributory causes of importance, name other important diseases or injuries. Examples:

tanple I	j	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Co	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See instructions on back of certificate.

TION is very important.

OCCUPA-

of

04649

	1. PLACE O	and the same of th	I MAN		CERTIFICATE OF DEATH	2020
	County	Anne Arundel			Registration Dist. No.	
		City Crown swi		(1	t 2 No. St.,	Ward
				yrs,mo:	s. 16 ds. How long in U.S. If of foraign birth?mo	sds.
	2. FULL NA			. 363	3	
			(Usual place	of abode)	nd St., Ward. If nonresident give city or town and	State
_		AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
7	male	4. COLOR OR RACE black	OR DIVORCE	RRIED. WIDOWED. ED (write the word)	21. DATE OF DEATH May 6th (Month) (Day)	, 1934(Yaar)
5a	. If married, widow HUSBAND of	ved, or divorcad			22. I HEREBY CERTIFY. That I attended d	
	(or) WIFE of	1			Apr. 20 19 34 to May 6th	1934
6.	DATE OF BIRTH	(month, day, and yaer)	1895			; deeth is said
7.	AGE Yae		Days	If LESS than	to heve occurred on the date statad above, at 4:45Pm.	
			chown	1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causas of importence wera es follows:	Date of onset
NOI	* Trade, profassion, or particular hind of work done, as SPINNER, Janitor SAWYER, BOOKKEEPER, etc Janitor		itor	Acute interstitial nephritis	15 de:	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.					
CCU		LL, BANK, atced last worked et	11 Tabal	ima ()		
ŏ	this occu	pation (month and	spe	time (yeers) Int in this		
12	BIRTHPLACE (ci	ty or town) Maryla			Other Contributory Canses of importance: Chronic myocarditis	?
ER	13. NAME	Willia	m Taylo	or, dead	A.*	
FATHER	14. BIRTHPLACE (State or	(city or town) Mar yla country)	and		Name of ôperation Date of	
ER	15. MAIDEN NA	ME Susan (Un	nknown)	dead .	What test confirmed diagnosis? Was there an au	
MOTHER	16. BIRTHPLACE	(city or town)	land		Accidant, suicide, or homicide?	
	. informant (Addrass)	Hospital Re Crownsvill	Le. Mary	/land	Where did Injury occur? (Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.) CE.
18		ION, OR REMOVAL BE	laid 5/	9/34,19	Manner of injury	
19	UNDERTAKER (Addrass)	Selaw J	stey	1	24. Was disaase or injury in any way refeten to occupation of daceased?	2
20	FILED 5/9-	5 × 19	1	Registrar.	(Signed) (Address) Crownsville	M. D.
		If more	blanks are needed, e	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	ld

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Day 1,1923	Gastroenteritis	1 year
3			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 B ż

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04650
1. PLACE OF DEATH	Ri An
County U.C.	Registration Dist. No. 2/
Village or City Nevells Station	NoSt.,Ward
(If Length of residence in city of Ipwn where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Lobert William	. /
D. 11/1-	Ct. Mard
(a) Residence: No. (Usual place of abode)	, St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Will Widower	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Lott	22. I HEREBY CERTIFY, That I attended deceased from 4/27 1934 to May 13 1934
6. DATE OF BIRTH (month, day, and year) June 21-1858	I last saw h was alive on Man 131, 1934; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 9 50 9 m.
75 10 22 Iday,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Harmer SAWYER, BDOKKEEPER, etc.	Hemplegea 4/27/3,
9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ID. Data deceased last worked at this occupation (month and	
this occupation (month and spent in this occupation occupation	
0/11 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / / / / / (Stata or country)	Tenfarelisio municipalis
13. NAME ME Kendree Leatt	Cerebral Hemanhage 4/27/3.
13. NAME ME Tendre List 14. BIRTHPLACE (city or town) Many Land	Name of operation Mance Date of
(State of country)	What test confirmed diagnosis? Clinical Was there an autopsy? No
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Mukawww	23. if death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mulanum	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MACHINE (Address) 1. J. D. Omnakoli Ma	Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cripapola Date May 10, 1984	Nature of injury
19. UNDERTAKER John Hy, Jaylor (Address) Chink Mark 2013	24. Was disease or injury in any way related to occupation of deceased?
10 Co - O AM	(Signed) 4 Willia Martin M.D.
20. FILED 5 75 , 1934 Allers Registrar.	(Address Amapalis, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requestry V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICI	AN

OCCUPA-

of

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

WRITE PLAINLY, WITH

STATE OF MARYLAND-CERTIFICATE OF DEATH

04651

1	L. PLAC	E OF DEAT	ГН			83	
	County		Arunde			Registration Dist. No.	
	Village	or City	rownsvi	llle St	ate Hospi	tal _{vo.}	Ward
	Laneth				(1	f death occurred in a hospital or institution, give its NAME instead of street and	number)
					yrs,mos	s. 8 ds. How long in U.S. if of foreign birth?yrsm	osds.
2		NAME	Marion		~		
	(a) Re	sidence: No	Wicomic	30 Coun	t y	St.,Ward.	
***************************************	PERS	SONAL AN	D STATISTI			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,				5. SINGLE, MA	RRIED, WIDOWED.	21. DATE OF DEATH	
male black OR DIVORCED (with		ED (write the word)	May 9th	. 193 4			
5e.	if married,	widowed, or divo	rced			(Month) (Day)	(Year)
	(or) WIFE	of T	Jnknown			22. I HEREBY CERTIFY, That I attended	deceased from
				1000		May 1st 19 34, to May 9th	, 19 34
		RTH (month, day	, and year)	L896			; deeth is said
7. /	AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6:50Am.	
	1 0 7 1	38?	Unkı	to MII	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onset
ON	kin	profession, or pa d of work done, of WYER, BOOKKEE	rticular es SPINNER,	Jnknown		General Paralysis of the In-	
OCCUPATION	9. Industr	ry or business in	which			sane	
CUF	SA	rk was done, es S W MILL, BANK, e	tc				
Ö	this	leceased last works occupation (mon	ked at ith and	11. Total	time (years)		
	yea	or)		OC:	cupetion	Other Contributory Canes of importance	-
12.		CE (city or town) . or country)	Unkr	nown		Other Contributery Canses of importance: Syphilis	?
ER	13. NAME	Jen	nes Twi]	Lley			
FATHER		PLACE (city or to ate or country)	wn) Unl	cnown		Name of operation Date of	
2	15. MAIDE	N NAME IIY	ıknown			Whet test confirmed diagnosis? Was there an a	
MOTHER						23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
¥	(St	ete or country)	wn)	ikno-wn		Where did injury occur?	, 19
17.	INFORMANT		tal Recounsvill		vland	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18.	BURIAL, CR	EMATION, OR RI		Date 57	16.3	Manner of injury	
19.	UNDERTAKI		P.Way	levode	Supp.	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED	(S) (O) (1)	954 2	7-19	ye.	If so, specify (Signada)	. M. D.
-	•		7	200	Registrar.	(Address) - CPOWNSV-11-7-	
			If more b	clanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. 25 18 1	d



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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

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BINDING	
FOR	1
VED	
ARGIN RESERVED FOR	1
IN R	
ARG	
	1

N. B.—WRITE PLAINLY, WITH CNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04652
1. PLACE OF DEATH	(131)
County Charge Classidel	Registration Dist. No. 2/
Village or City Character	No. 1 45 Glericester St. 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME PULLLAGE NEWY L	CLA JOSE WITHIN CORPORATE LIMITE OF
(a) Residence; No. 43 (Usual place of abode)	St., 2 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Mace Wine Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
TICLE	01/12 ,1934, to Mps 4 ,1934
6. DATE OF BIRTH (month, day, and year)	I last saw has alive on Manager 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date state bove, atm.
07 0rmin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER City Commussion SAWYER, BOOKKEPER, etc.	0-1
SAWYER, BOOKKEEPER, etc.	2 Grantenadily
work was dona, as SILK MILL.	9
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last workad at this occupation (month and year) year) 11. Total time (years) spent in this occupation.	
13-74: 1000	Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	Or mpurite
E A BOT MAR	V
14. BIRTHPLACE (city or town)	Name of operation Date of
	What tast confirmed diagnosis? Was there an autopsy?
I Die	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 1. 2. a.l. 1. (State or country)	Accident, suicide, or homicida?
MIX TO THE	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Placa May Chumpto Oate May 1, 19 B.	Natura of injury
19. UNOERTAKER John My Jawler	24. Was disease or Injury in any way ralated to occupation of deceased?
(Address)	If so, specify
20. FILEO 56 1934 J. Marrial	(Signed) Aussight M.D.
If more blanks are needed, address State Resistrar.	(Address)
- June Magnitury	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL SP	PACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

properly classified.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	16	13	p	13
()	4	()	()	3
0	-dila-	13	0	

1. PLACE OF DEATH	
County anne arrendel	Registration Dist. No. 20
Village Dr City Golden Grand Company C	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) _mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Henry	(Wilson) Watherns
(a) Residence: Np. Galeanle, his (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wo	ED, 21. DATE OF DEATH
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from magain 2, 19 34, to may 5, 19 82
6. DATE OF BIRTH (month, day, and year) 16 2 1 934 7. AGE Years Months Days If LESS t 1 dey,	I lest saw h alive on 1, 19 3 t; death is said to have concurred to have as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	Eurgenital Applulis Date of onest
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end	
10. Date deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) west River, Ind - (State or country)	Other Contributory Causes of importance:
	- Revneho puemma ?)
13. NAME Joseph Cirlson 14. BIRTHPLACE (city or town) Birdarille, Ind. (State or country)	Name of operation Date of
x D + +	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME Roberto Walkers Walkers Address Rest Forey 18. MAIDEN NAME Roberto Walkers R	23. If death was due to external causes (VIDLENCE) fill In elso the following: Accident, suicide, or homicide?
18 RUDIAL CREMATION DD DEMOVAL	Manner of injury Nature of injury
19. UNDERTAKER The Homes (Address) Solliegy And	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED 77, 1934 Af Clay Tos	(Signed) Kurly H. Inlan M.D. (Address) Lo Thesa 1 and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECEIVEP!	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	JUN 5 1961	July 5,1927	Peritonitis	3 days ago
	8011-1011			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 Ω. ż of OCCUPA.

1. PLACE OF DEATH	106-0
County to to to.	Registration Dist. No.
Village or City Linnapolio	No. 8 / Plesent. St., Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. II of foreign birth?yrsmos
2. FULL NAME Pancy Mat	Thurs woods.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the worth)	21. DATE OF DEATH (Month) (Day) (Year)
. If married, widowed, os divorced HUSBAND of	1 1
(or) WIFE of Nobert wireds)	1 HEREBY CERTIFY, That I attended deceased fr
DATE OF DIRTH (Wash down May 1 = 50/1	I last saw half alive on Libe 10, 1924 death is si
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.30 f.m.
30 9 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of one
sawyer, BOOKKEEPER, etc. Monester	Wello alatatra L
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	the heart Ma,
SAW MILL, BANK, etc.	- / / / /
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	
() () () () () () () () () ()	Other Coutributory Cause of importance:
2. BIRTHPLACE (city or town) (State or country)	Mello Medilio Mala
	- /430
14. BIRTHPLACE (city or town) Uninopole 5	
14. BIRTHPLACE (city or town) Commander (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Cromas / ascu.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Ci - Co.	Where did injury occur? (Specify city or town, county and State)
INFORMANT holles Mathemas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2 L washing ton.	
Place Burn July Date May 18 19.34	Mannor of injury
UNDERTAKER & Mas & Hichs fr.	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Cennapalis Ma	If so, specify ————————————————————————————————————
FILED 3 1934 JMsseff Megistrar.	(Signed) (Address) Alla Alla M.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICL	AI
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M	Every item of infor- ICIANS should state atement of OCCUPA.	
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITN CNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
V. S. No. 1	N. B.—WRITE mation s CAUSE TION is	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	04655
County Chrise Christale	Registration Dist. No. 21
Village or City of Bay Redge no Che	esopeake Buy St Ward
(If	death occurred in a hospital or institution, give in NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Malaslas B. 3ah	as. How long in 0.5. If of foleign bifting year
Wicheld of Consta	7
(a) Residence: No. 1483 Planton (Usual place of abode)	. St., Ward. C. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAY 1994 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 11-1911	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
23 22 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
kind of work done, as SPINNER, CONTROLL OF SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL CLASSING SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and second in this country in this coun	Fractined skull - by 5/19/34
SAW MILL, BANK, etc.	falling from airplane into
10. Date deceased last worked at this occupation (month and spent in this	Charles to the total
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / Washing Cu C. (State or country)	Construction of importance.
13. NAME Claron 3. Jahn	
14. BIRTHPLACE (city or town) Pleason	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Grace B. Byers 16. BIRTHPLACE (city or town) Sheet beretaling My	23. If death was due to external causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) Sheet betteletown 18/1	Accident, suicide, or homicide? Calcut. Date of Injury May 19, 19 37
17. INFORMANT MASS & H. Baugus 9. (Address) 6 18 Col Pd. Westeld L.	Where did injury occur? Cheapeabe (Bery) (Socify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Place Manual on Date May 23, 19 34	Manner of injury
19. UNDERTAKER Martin M. Hy syn Co (Address) Washingth + C	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5 22 , 1934 AMMS Registrar.	(Signed) on M. H. Jakem Acting M. D. (Address) Amapoli Ma Lorenis
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ould state OCCUPA-

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
К. РН	Exact	
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XACTI	classified.	
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stated	properl	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—CERTIFICATE OF DEATH

04656

1. PLACE OF DE	ATH			(An of the second secon	
County An	County Anne Arundel		Registration Dist. No. 21	1	
Village Dr City	Annapoli	S		No. 125 Condition St.,	Ward
Length of residence in	n city or town where dea	th occurred		death occurred in a hospital or institution, give ht NAME intend of treet and ds. How long in U.S. if of foreign birth?	272
2. FULL NAME				Total	mosds.
	. 125 Cond		N	WITHIN CORPORATE LIMIT	
(a) Residence: ND.	LAN VOIIG	(Usual place	of abode)	St., Ward. If nonresident give city or town an	d State
	ND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE female 4. COLOR OR RACE OR DIVORCED (write the word) Widowed Widowed		21. DATE OF DEATH Nay (Month) (Day)	., 193 4 (Year)		
5a. If married, widowed, or d HUSBAND of	ivorced				
(or) WIEE of	(or) WIFE of Chas. A. Zimmerman			1 HEREBY CERTIFY That I attended	d deceased from
6. DATE OF BIRTH (month,	day, and year)	v	860	7. 7. 1	4; death is seld
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
74			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8 Trade profession or particular					Date of onset
9. Industry or business	s in which	none		Van Brillas	6 my
SAW MILL, BANK	s SILK MILL, K, etc				
- I mis occupation (month and	11. Total ti spen	t In this		
year)			pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Annanolis, (State or country) Maryland.		Banch Gnewmain			
The state of the s		France Villemore	62		
13. NAME John 14. BIRTHPLACE (city or		olis.		Name of operation	
(State or country		vland		Name of operation Date of Was there an	
15. MAIDEN NAME M	ary Parki	nson		23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Mary Parkinson 16. BIRTHPLACE (city or town) Annapolis.			· · · • • · · · • • • • • • • • •	Accident, suicide, or homicide? Date of injury	
(State or country) Maryland.				Where did injury occur? (Specify city or town, county and St	
17. INFORMANT Mr. Summerfield Sullivan (Address) Annapolis, Maryland.		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ACE.		
18. BURIAL, CREMATION, DR		Mov	94 34	Manner of injury	
Place Attitude	lis, Md.	Date		Nature of Injury	
19. UNDERTAKER John M. Taylor, (Address) Annapolis, Md.		24. Was disease or injury in any way related to occupation of deceased?	no		
	apolis, M	MA	10	if so, specify	\
20. FILED 2 23	, 19.3 4	Mille	Registrar,	(Signed) (Address) (Address)	M. D.
	V		4	The state of the s	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County Cline Circuidel	© CERTIFICATE OF DEATH
C	Registration Dist. No. 2/
Village or City auapolis (No. Curer	glucy Hoysisal Ward) a hospital or institu
	ward) a hospital or institu- tion, give its NAME in Linear of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 24, 1984 (Mour) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
5-24- 1934	May 24 1934 1934
(Month) (Day) (Year)	that I last saw harm alive on the Man 24 1984
7 AGE Stillhore If LESS than I day hrs.	and that death occurred on the date stated above, at 6:
yrs. mos. ds. or min.?	Ansticia
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) yrs. mos. 2 ds.
which employed or (employer)	Contributory Warne merlio
9 BIRTHPLACE (State or country)	Secondary (Duration)
10 NAME OF Illegilarial	(Signed) J. Willia M. D.
II BIRTHPLACE OF FATHER	*State the Discase Causing Death, in deaths from
Z (State or country)	*State the Discase Causing Death, 7, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret Zummerman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Rederick Md.	At place of deathyrsmos,ds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant)	Former or usual residence Jaluanda md.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 25, 19 34
Filed 5 24 182 Margh	20 UNDERTAKER ADDRESS JARS NILLE
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CEMIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Aaccident; Revolver wound of head-homicide; Poisoned by American Medical Association.) (Recommendations on statement of cause of death approved by as fracture of skull, and consequences (e. g., sepsis stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainuse of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Enhaustion," "Heart failure," "Haemorrhage," "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Committee on Nomenclature of the etc. The contributory Always qualify all contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.